

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### THE SAN FRANCISCO DISASTER

We have received from Miss Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, a personal letter in which she gives an account of her experiences at the time of the San Francisco disaster. Miss Cooke's apartment where she conducted her private gymnasium and edited the *Journal* was situated on Van Ness Avenue, and as the fire did not reach that locality for some hours, she had time to save her personal clothing, the pictures in her office and eight or ten books out of the library which she had been collecting during the last twenty years. Among the books saved she speaks of her bound volumes of *THE AMERICAN JOURNAL OF NURSING*.

Miss Cooke's mother, an elderly lady of 79, is totally blind. The first night of the fire, Miss Cooke took her to the Presidio to the house of one of the officers and the following day succeeded in getting her over to Oakland. Miss Cooke herself returned to the Presidio and volunteered for duty at the General Hospital, but was afterwards persuaded to go to the house of the officer already referred to, whose wife was seriously ill. Miss Cooke expects to remain at the house of Col. A. B. Dyer, at the Presidio, San Francisco, Cal., where she may be reached by mail and from which point she hopes to work for the benefit of nurses less fortunate than herself.

She says there are many nurses working among the refugees who have lost everything with the exception of the clothing which they were wearing at the time of the disaster. At the time her letter

was written, May 9th, Miss Cooke and Miss Sweeney were trying to locate the nurses and establish headquarters and a sort of directory at Miss Sweeney's house, No. 8 Sanchez Street. A copy of the poster which has been issued by the San Francisco County Nurses' Association is found in the official department and is published by request.

Among those perhaps best known to nurses in the east who lost everything are Miss McCarthy, the Secretary of the California State Association, and Miss Fisher. Among the hospitals which were destroyed were the Waldeck, St. Mary's, St. Winifred's, St. Francis', Clara Barton, Pacific, McNutt, Mary Patton, and the New Hahne-mann, which was just ready for occupancy. The Children's Hospital was badly damaged, as was the Lane, the French, and others. This has thrown adrift many pupils who Miss Cooke says may be unable to complete their training. We are inclined to think, however, that the training-schools in the neighboring cities will make provision for these pupils. The difficulty will be to reach them.

Miss Cooke says the desolation cannot be imagined and that the really hard time is to come. The reports which have been published from Mr. Devine and other officials through the Red Cross would seem to point to the fact that the first burst of public generosity is subsiding, leaving this great multitude of homeless people with but scanty provision for the ordinary needs of living. It seems to be the consensus of opinion that the laboring class will be readily provided for in the reconstruction, and that those who will really suffer the most are the professional men and women who have lost everything they possess. Already a special fund is being started for the aid of physicians. Dr. Helen Criswell, a nurse dentist whose husband is also a dentist, was in Europe at the time of the disaster and we received a note from her dated from Lisbon April 15th. On May 15th a postal written from Chicago says: "We are hurrying home to our stricken city. We have lost practically everything, but my family escaped unhurt. The Doctor has opened temporary offices, and he writes that the nurses are having a hard time in every way, many having rushed at once to the relief of the injured and to help in the hospitals and so were unable to save even a handful of their possessions."

A letter published by the Red Cross Society from a nurse reads: "This isn't a letter to tell you the desolation and misery of the past few days, but to tell you how comfortable we are now. Our people are scattered. The first night we spent in the Plaza, taking care of sick babies, measles, pneumonia and new-born infants. No one could be persuaded to enter a house. At 2 o'clock in the morning

we had to leave. Walked to Van Ness Avenue. Went back in the morning, as the fire was leaving us. Spent the day there trying to quiet the people, and getting the bedridden people away. In the afternoon we helped in the emergency hospitals. Towards evening we had to leave again, with blankets on our backs and babies in our arms. Walked to the Presidio. Now all our family is settled in tents. Rations daily. Many of them are far better off than at home. It seems to be such a comfort to them to have us near. We render many services not in a nurse's line. As soon as the great demand for nurses is over here, Stella, Ruby and I will go to the Farm to open for convalescents. I think the government would send supplies there for us. What do you think about it? I thought of taking families there at first but decided the Presidio grounds better because of the supply of food there. At the last moment I opened the clinic; gave everything away to people with vegetable wagons. The family up-stairs took a box of instruments for me, which they are going to return. Everything else burned at 650, and at our house. Mrs.—became panic stricken and left the city."

Miss Ashe, a graduate of the Presbyterian Hospital, New York, who was engaged in settlement work in San Francisco and had gone on a vacation trip when the terrible news of the calamity reached her, has just returned there and writes to an eastern friend of the conditions. Though the letter was private, it has been sent to the *JOURNAL* in the belief that many nurses would be glad to help in the work spoken of if they knew of it. Miss Ashe writes: "I found on my arrival that the thing which was worrying the medical department more than anything else was the care of the convalescents. The authorities hadn't come to that yet, and so when we put our scheme before the various chiefs (the letter does not say just what this scheme is), we were met with open arms, and orders were issued immediately to establish a camp, and an officer was assigned to duty there. The only problem at present is the salary for nurses and the supplies of night-gowns and bed linen. The relief committee does not see its way clear at present to pay the nurses, and we feel that we should have one nurse for every twenty-five or thirty patients, and want to pay them small salaries at least, as the majority of these women have families depending on them. We have put a nurse on Telegraph Hill to take care of the small unburnt portion, which is overcrowded with people; no water supply except at the bottom of the hill. It would be a splendid thing to have a nurse in each camp, but that seems to be out of the question."

We regret that Miss Ashe has not given a more detailed description of the work she is planning, and that no address accompanies that portion of the letter sent to us, but we know she can be reached either through Miss Cooke at the Presidio or through Miss Sweeney at No. 8 Sanchez Street, as she is a member of the San Francisco County Society and is sure to be in close touch with the work its officers are trying to do for the relief of nurses. All of the women whose names we have mentioned are personally known to us, and may be depended upon absolutely to make the wisest distribution possible of any contribution of money or clothing that may be sent to them. Until there is a general resumption of business in San Francisco it is necessary to be exceedingly careful in regard to the manner of consigning either money or clothing. We shall be in touch with Miss Cooke and be kept informed of the situation in San Francisco, and will be glad to give any information which we may possess to nursing organizations that may be in doubt as to the best manner of sending contributions to nurses in San Francisco.

We feel that any appeal from us to the nurses of the country is unnecessary.

The reports of different societies contained in this issue show sums of money to have already been appropriated for the benefit of nurses in San Francisco. The Massachusetts State Society contributed \$250; the American Society of Superintendents of Training Schools \$150, increased by personal contributions to \$300; the nurses of Rochester \$185, \$150 of which has been sent through the Red Cross to Dr. Devine to be used for destitute nurses. Special entertainments and efforts in different directions are being made in a number of places among nurses and we are sure that the response will be very general throughout the country when it is known to just what extent aid among the nurses is needed.

The prompt action and efficient service of the army, and particularly of the medical department at San Francisco, has called out the most favorable comments from all over the world.

As we go to press we have had the address of Miss Elisabeth Ashe sent to us. It is Convalescent Camp No. 11, Ross, Marion county, Cal.

We have also heard from Miss A. I. Hantsche, R. N., graduate of the German Hospital, New York, that a letter has been received from the Secretary of the California State Association, Mrs. Florence B. Downing, making an appeal to the eastern hospitals for assistance for nurses who are among the refugees. This letter states that



the nurses are in great need of uniforms; that they have received only food from the relief fund, and that the majority who are on duty in the reserve camps have lost everything they own, having only the clothing in which they left the burning and falling buildings with their patients. This letter goes on to state that if money or uniform material (money preferred) could be sent to the association relief fund, it would prove a great blessing. Money would enable them to get the material more quickly, put the money into circulation in California, and save the expense of expressing across the country.

Miss N. Petit, of Nyack, N. Y., has already started an endless chain collection, and Miss Hamtsche, 155 E. Eighty-third Street, New York, N. Y., will also receive contributions.

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#### THE IMMEDIATE FUTURE OF THE NURSES' JOURNAL OF THE PACIFIC COAST

Miss COOKS requests us to announce that the June number of the *Nurses' Journal of the Pacific Coast* will be gotten out in July if not before. She says she managed to save some of the vital property of the *Journal*, all of the copy that was on hand, contracts, bank book, expense account, etc., but has lost part of the outside mailing list and she asks any subscribers who may be reached in this way to send their address and the date of their subscription to her. At the time of our letter she had not succeeded in locating her publisher but said she had every reason to suppose that his mailing list had been destroyed.

The most remarkable thing about the San Francisco disaster is the wonderful courage of the people. In our letters from Miss Cooke and also from Dr. Criswell and Miss Ashe there is not a murmur of complaint or discouragement.

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#### MISS NUTTING'S NEW WORK

A PROFESSORSHIP has been created at Columbia University for the purpose of investigation and instruction in the administration and management of institutions, such as hospitals, asylums, dormitories, etc. Miss M. Adelaide Nutting, of the Johns Hopkins Training-School for Nurses, has been appointed to this position and will enter upon her new duties in the fall of next year, her resignation at the

Johns Hopkins taking effect in the early spring, after which time she hopes to spend six months in Europe.

This professorship is undoubtedly the outgrowth of the interest in institutions and nurses which has been aroused at Columbia University through the course in Hospital Economics established there under the auspices of the Society of Superintendents of Training-Schools for Nurses, and maintained by contributions from the nurses of the country. Miss Nutting's appointment is a direct recognition of the value of the work of nurses in institutions, and she is an especially able woman for the position. We extend to Miss Nutting our congratulations, in which we are sure the great nursing body joins us, in this opportunity for broader research work for the uplifting of her profession and for humanity at large.

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#### THE RED CROSS

THE headquarters of the National Red Cross Society in Washington had been moved to rooms adjoining the offices of the Medical Department of the army two days before the San Francisco disaster. The news of the earthquake was carried in to Miss Boardman by the Surgeon General of the army. The most perfect coöperation between the Red Cross and the Medical Department has been maintained since the day of the disaster, producing such results as had never been realized in any previous national calamity. Promptness and efficiency in reaching the state branches brought money, food and clothing in a marvelously short time, to be distributed under army supervision until such time as the San Francisco Red Cross, the Citizens' Committee and the army could form a working alliance. In the past the Red Cross and other philanthropic societies have worked in an attitude more of antagonism toward the government authorities. The re-organization of the Red Cross Society has brought about a wonderful reform in that respect, and the old condition that existed at so recent a date as the Spanish War can never return. The Red Cross stands in the fullest and broadest sense for the "brotherhood of man."

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#### NEW YORK STATE EXAMINATIONS

THE second of the full examinations in New York State will commence on June 19th and last four days. These examinations are held in New York, Albany, Syracuse and Buffalo. The practical

test may be arranged for before this date in New York and Rochester by the superintendents of the training-schools conferring with the examiners located at these points. It is already known that there are to be 140 applicants in New York City alone, and it will simplify the work for the examination, as well as for the applicants, if the great majority of the practical tests can be taken at the points mentioned before the date fixed for the written examination.

Nurses who entered a registered training-school after April 27, 1903, who have finished their full term of training, and have been awarded their diplomas, are eligible for this examination. Those with time to make up or whose diplomas have not been awarded for any reason, will be obliged to hold over until the next examination in January. The great majority of the pupils graduating at this season entered their training just before April 27, 1903, and those can be registered under the waiver without examination.

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#### THE RELIEF OF SPECIAL-DUTY NURSES

Are nurses sufficiently relieved when on special duty in a hospital? This is the question which is agitating the minds of a few Chicago physicians, and one of them suggests trying to get legislation to bear on the problem. Would legislation help us? Where and how do we fail?

Certainly there is a vast improvement in most of the Chicago hospitals over conditions which prevailed ten and fifteen years ago. Then, a nurse would be put on a hard surgical case and would be relieved only once or twice for rest; she would be relieved for class and lectures, almost always. Now, in most of the well-organized schools, a nurse is relieved the morning after an operation, for the whole day, to bathe, walk, and sleep, and is relieved for six hours out of the twenty-four thereafter until she can get a good amount of sleep at night. Most doctors, and most superintendents of nurses, think it is very hard on the patient to change the nurse during the first night after an operation. In two schools, however, the relieving is done almost entirely at night, and there is an extra night nurse on then, whose chief duty it is to relieve "specials," wherever she is most needed. In one leading school, the superintendent has all nurses who are on special duty send her a report in the morning, stating how much sleep they have had through the night, and she makes up to each one whatever amount is lacking of eight hours.

In three schools the superintendents acknowledged that the system of relief was bad, and that their nurses were sometimes on duty as long as thirty-six hours, but that they had not sufficient pupils to furnish adequate relief, nor sufficient funds to maintain a larger staff of nurses. One of these superintendents, however, thought this was good training for private duty outside, where relief is not plentiful. Another superintendent, for the same reason, gives less relief after the first few days, because she wants her nurses to learn to get sleep when they can,—to go to bed early, for instance, if the patient is quiet then, whether they feel like it or not. She thinks pupil nurses need more relief than graduates who are called in, because a graduate can rest at the end of the case if she wishes, while pupil nurses must go right on with heavy hospital work. One superintendent said she was often hindered in her plans for relieving nurses by the doctors in attendance, who did not like a change made during the most critical part of a patient's illness. Others say they find an explanation sufficient to convince the doctor that his patient will not receive the best care from an over-tired nurse.

At many hospitals, if the school is not able to provide enough nurses for proper relief, graduates are called in, and the patient is not charged for the extra service.

Are the doctors satisfied with the relief given to the nurses caring for their patients? Most of them seem to be. Those in attendance on the smaller hospitals have some complaints. One woman physician thinks there should be two nurses on every case and four nurses on every hard one. One surgeon objected not to the amount of relief given, but to the kind. He says his special nurses are often relieved by pupils who have not been sufficiently instructed to understand the case, or that his patient is left to the care of floor nurses. He maintains that every patient who pays the hospital for a special nurse is entitled to special care every minute of the time, and to skilled care. He has a plan which he is trying to have adopted at the hospital with which he is associated of a special emergency force of nurses,—three, perhaps,—two for day and one for night. These should be senior nurses, well advanced, or graduates, and they should be ready to fill in wherever a gap comes in the regular hospital service. One of their duties would be to relieve the special nurses.

A prominent obstetrician thinks all surgical and all obstetrical cases require two nurses for the first week and should certainly have them for the first few days.

A medical man, who is well satisfied with hospital arrangements,

says he makes it his mission to see that nurses in private homes get sufficient rest. If people cannot afford two nurses, he changes the nurse on the case for a fresh one when he thinks she is getting tired, though the nurse and the family may both object. He asks daily every nurse who is at work for him how much she is sleeping and whether she gets out to walk. Such a course, if pursued kindly and quietly by a number of doctors, would educate the public, in time, to the needs of the nurse and would achieve better results than legislation.

The agitation of this subject in Chicago is, we believe, a very good thing at this time. The conditions are practically the same in the great majority of the hospitals of this country, and it would settle a vexed problem for many institutions if some reasonable way could be agreed upon which would be considerate of the purse of the patient, meet the requirements of the medical attendant, and be just to the "specials," without complicating too greatly the administration of the hospital. In our opinion pupil "specials" should never be on duty for more than twelve hours—we know of a few hospitals where a hard and fast rule has been made that all "specials," whether pupils or graduates, shall work only a twelve-hour day—going on and off duty with the regular nursing staff. Sleeping accommodations are not provided for outside specials. Sometimes an arrangement is made for the outside specials to come in for twelve-hour duty either day or night as the case may be, leaving their names on the registry and working subject to call at the rate of twelve or fifteen dollars per week. This supplies specials for the first few days and nights for operation cases, keeps the graduates in touch with hospital methods, occupies the time between regular cases profitably without undue loss of sleep, and simplifies the administration of the hospital. Frequently two specials can be afforded by this plan where only one would have been possible under the twenty-four hour arrangement, and the hospital is not taxed by supplying relief. On the other hand, where only one special is possible, the hospital is in duty bound to give the patient all necessary care during twelve hours out of the twenty-four. Of course where a patient is able to employ two nurses at full rates and objects to changes he should pay accordingly,—not only the salary of the nurses, but the board of the nurses in the hospital. We see no reason why nurses caring for private patients in a hospital on full time, should work for less pay or pay their own board, any more than if they were in a hotel.

A great deal of the real trouble comes from the fact that hospitals try to do more work than they are equipped for. The entire hospital



force is too often over-strained and while in the name of charity the hospital is alleviating the sufferings of one class of people it is shortening the working days of another class by a false economy of service.

In a private family of moderate means there would seem to be no way of establishing regular or shorter hours for nurses, but in hospitals, where the strain is constant, this should be done, and it can be done, because it has been done.

#### WHEN PUPILS SHOULD SPECIAL

We are also of the opinion that pupil nurses should not be used as specials until they have been at least eighteen months in training, and in a three-year course not until the third year. Most young nurses are not competent to be left in full charge of serious cases, whether private or ward patients. Specializing interferes with regular systematic instruction, and the nurse's education is interrupted. The third year should we think be given to gaining experience, under supervision, for the independent work of private or hospital duty, and "specializing" private patients under supervision is one of the most valuable kinds of work a senior pupil can do. In this way she becomes familiar with the kind of personal service that the rich will demand of her in their homes, while her environment is familiar and she is still being looked after by the head nurse.

We are sure that Chicago would like to know how the hospitals of New York and Boston and other large centres are working out the relief problem.

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#### PROGRESS OF STATE REGISTRATION

THE legislation season is nearly at a close and we have reason to believe that there will have been no bills passed this year.

We have no intimation that such failure reflects discredit in any way upon the State Nurses' Associations. There has been harmony and wise and able leadership in all of these States, but the opposition has been of such a character that success was impossible. As we have said many times, no law is better than a bad law, and we are proud that we nurses have chosen defeat rather than to accept the terms upon which success might have been attained. The victory will be all the greater when it comes.

In those States where State registration is in operation the results have been all that has been claimed for it.

## THE TWELFTH ANNUAL CONVENTION

THE twelfth annual convention of the American Society of Superintendents of Training-schools for Nurses, which was held in New York on April 25th, 26th and 27th, was a most profitable meeting in every way. There were but few of the older members of the society present, but the second and third generations came to the front nobly and presented a group of papers of great excellence which will be published in the July number of the JOURNAL with the more important of the discussions and a full report of the business proceedings to be submitted by the secretary.

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## THE ASSOCIATED ALUMNÆ MEETING IN DETROIT

THE arrangements for the meeting in Detroit are very complete and there promises to be a large attendance. Undoubtedly at this time some plans could be proposed for definite means of rendering assistance to the nurses in San Francisco. The JOURNAL stands ready to further in any way within its power any means the society may decide to adopt.

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## "HOSPITAL SKETCHES"

MISS DeWITT asks us to explain that the "Hospital Sketches" which she has been prevailed upon to publish in our pages are her notes made day by day during a period of her training 15 years ago in the Illinois Training-School. The only merit which she claims for them is in the fact that they are genuine. We are sure that these sketches bring home to many of our readers experiences long forgotten but equally absorbing and interesting at the time. Undoubtedly the number of nurses is greater in proportion to the patients to-day than it was 15 years ago, but the human nature of a large public hospital remains practically the same.

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## THE JOURNAL MAILING LIST

It can readily be understood that the JOURNAL's mailing list is exceedingly difficult to keep free from errors because of the constant changes of address among nurses. This condition we make great effort to meet and just at this time Miss M. E. P. Davis is in Philadelphia supervising the business details of our office, the mailing

list having her especial personal attention. Any unusual delay in receiving the magazine or failure to have been notified of the expiration of subscriptions should be reported to her at once at 227 South Sixth Street, Philadelphia. Notices of change of address should not be sent to the Editor-in-chief at Rochester on the same page with reports and items for publication in the magazine, as in this way the chances for mistakes are greater, but any complaints may be made to her and will receive prompt attention.

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#### AMENDMENTS TO THE EMPLOYMENT AGENCY LAW

THE New York employment agency law has been amended by the legislature and was signed by the governor on April 27th, and registries of all incorporated associations of registered nurses, and bureaus conducted by registered medical institutions, are exempted. This amendment went into effect on May 1st.

## THE DAY CAMP FOR TUBERCULOSIS PATIENTS\*

BY SUSANE F. ROBBINS

*Graduate Boston City Hospital Training-School for Nurses*

THE first of July, 1905, the Boston Association for the Relief and Control of Tuberculosis founded a day camp for the care of consumptives on Parker Hill, in Roxbury. The chief object was the education of the patient in the care of himself and his sputum, to prevent the spread of the disease, to emphasize which several simple talks on hygiene were given through the summer by one of the physicians of the tuberculosis department of the Boston Dispensary. The aim of the camp was to accomplish the maximum of good with the minimum of expense. Physically, small results were expected on account of the limited length of time the experiment could continue, as all plumbing was temporary and on the surface, so that the first cold would cause freezing of pipes. This is the pioneer camp of its kind in this country, being modelled after similar ones abroad, especially those in Berlin, where the results have been so gratifying that the German government has interested itself in their maintenance.

Parker Hill is 220 feet above the sea, and is admirably suited for this work on account of abundance of sun and fresh air. An old orchard, containing about two acres, gave ample space for moving about in the shade on hot days, and also opportunity for patients to be by themselves for quiet, or their afternoon nap.

The equipment of the camp consists of a large tent, 20x50 feet, with raised floor, used as a dining-room, with movable tables, so it could be used for shelter in stormy weather. At one end was the staff dining-table, and a table for books, games, and magazines. There were three smaller tents, each 10x12 feet, one for the caretaker, who remained at night, one for the storage of reclining chairs and couches, and the administration tent, containing scales and medical supplies. The kitchen was a "lean-to" against a shed, with curtains across the front, as protection from rain. One-half of this was boarded in, for a pantry, and contained groceries, ice-chest and milk-cooler. There were shelves along the open part, holding dishes and cooking utensils; this part also contained range, boiler, sink and serving table. The water-tank, holding one hundred gallons, was on the kitchen roof. Sanitariums, for men and women, were built at rear of grounds, and fitted with open plumbing of the simplest nature. All drainage emptied into the city sewer, some 250 feet

\*Read at the March, 1906, meeting of the Boston City Hospital Nurses' Club

away. There were two benches, one for men and one for women, with basins and pitchers for washing especially before eating, the wash water being emptied into pails and carried away after each meal by the caretaker. These benches, utensils, and the sanitarium, were washed thoroughly each day in disinfectant, corrosive 1-1000 being used. The incinerator was a cast-iron ash-barrel, square holes in the sides, near the bottom, causing a draft. A close wooden cover was used through the day, but at time of burning, each evening, it was replaced by one of fine wire netting, so that no particles of any size could escape. Paper, saturated with oil, and a few fine pieces of wood in the bottom of the can, never failed to make a good blaze and burn to ashes whatever was to be destroyed. Shoe boxes were furnished by several large department stores and were kept on shelves in a closet built against the shed; these were marked with patient's name and contained his soap and towel, the latter being given fresh each morning. No box was ever used but by one patient, and often replaced if broken or soiled. There were six couches, three with springs and mattress, and three army cots. The mattresses and cots were burned at end of season. Reclining chairs, and blankets for cooler weather, were furnished each patient. The tables were covered with white enameled cloth, and, with green and white dishes, nickel-plated knives, forks and spoons, paper napkins and bright flowers were most attractive. The staff had a separate table and dishes, but were served with the same food, taking their dinner after the patients.

The daily capacity of a camp as described above was for 60 patients, and the cost of fixtures and furniture was \$1,300, but much more expense was incurred than would be necessary in most locations. The cost per patient, per day, on a basis of forty, was 60 cents, but this is reduced 12½ cents if cost of carriage be excluded.

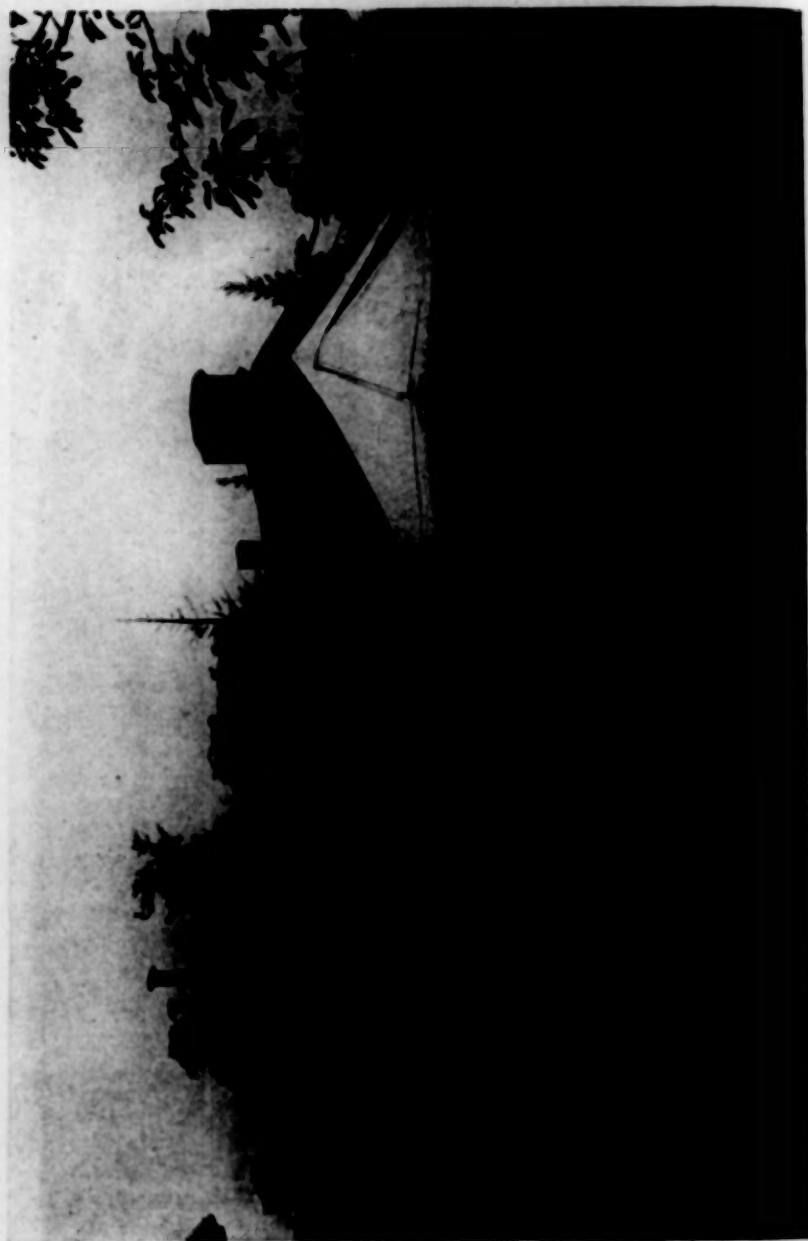
The staff consisted of a physician in charge and his assistants, a matron who was a graduate nurse, an assistant nurse (who was in training in a nearby hospital), a caretaker, who was also night watchman, a cook, and a kitchen helper and laundress combined. The latter part of the season the work of the caretaker was divided among three of the patients, each being paid in proportion to the amount of service given. All, save the physicians, received salaries.

The patients who applied for treatment came through hospitals, dispensaries, or from private physicians, so that when the camp closed there would be some one to whom they would return for overnight or in case of any acute illness while with us, as no medicine was given



CAMP FOR TUBERCULOUS PATIENTS, PARKER HILL, ROXBURY, MASS.





KITCHEN AND DINING TENT FOR CAMP FOR TUBERCULOSIS PATIENTS, PARKER HILL, ROXBURY, MASS.

except for obstinate cough, dyspepsia, constipation or diarrhoea.

The camp was supported by voluntary contributions, but each patient paid 25 cents per day or that fraction which he could afford. About one-seventh paid something, while many had to ask for car-fares. All were to be able to walk down the hill, but a carriage, making four trips between 8 and 10 o'clock each morning, brought them from Roxbury Crossing to the camp.

On stormy days the carriage was not sent, but anyone able to walk up was welcome. At the outset only four (4) or five (5) were able to do this, but later about twenty could walk up slowly without injury to themselves.

The patients were weighed once a week—body weight—using a sheet weighing 1½ pounds. Chests were examined once a month, and temperature and pulse taken morning and afternoon. All were given paper bags and napkins cut in quarters, for their sputum, the women having a chatelaine bag made in two parts, the inner made of stock sheeting easily sterilised, and containing the paper bag with moist sputum, the outer of denim, which could be laundered, and holding dry papers. These were furnished to all, and cost to make, 35 cents. If able, the patients paid 25 cents for them. The paper bags, on becoming full or moist, were placed in the incinerator and fresh ones supplied. A patient was expected never to be without one.

There were really no rules, with the exception of one in regard to expectoration on the ground, which was rigidly enforced. Patients were told why they should not do this and warned of the danger for themselves as well as others. Many at the camp were ex-Rutland patients, and helped the others to understand the importance of this matter, and it was only necessary to reprimand twice during the season.

At first many required the rest treatment, but, at the close, only two, and these recent arrivals, one of them being a hemorrhage case (the only one of the season) who was brought daily back and forth from his home by his employer, so that he might have better surroundings; the other, a patient from North Cambridge, who had all the exercise he was able to take in getting to the camp. He was kept on a couch and his meals served on a tray. The women were encouraged to bring their sewing or fancy work; games and reading matter were furnished, and the patients urged and helped to have all possible enjoyment, realizing that the mental condition is such an important factor in the recovery of these cases.

The patients willingly helped in the lighter work, the women setting the tables and clearing them, and the men wiping the dishes, the latter being first placed in boiling water, then washed thoroughly and again scalded. The diet was considered most important. All food was well cooked and as daintily served as possible. A lunch of bread and butter and milk—all that a patient could take—with additional raw eggs if needed, was served at 9.45 in the morning and, in many cases, was the patient's first meal. For this reason a much heartier lunch was given than might seem necessary. At noon a hearty dinner of meat or fish, potatoes or rice, one other vegetable, with a simple pudding—preferably made of milk and eggs,—or fruit with plain cake, fancy crackers or gingerbread. At 4 o'clock another lunch, similar to that of the morning, was given. Each patient was found to average over three pints of milk daily. On cold days hot milk or cocoa was given at the lunches. The dinner was served cafeteria style, each patient waiting upon himself, and it was accomplished with very little disturbance. The matron had oversight of the serving, thus looking after the individual taste of each patient, and observing amount of food taken.

The mental condition of the patient was carefully watched. The matron saw each patient alone on his arrival, and encouraged him to talk of himself and his home life, and relieved as much as possible the many anxieties and sorrows that come to those who are, from illness, dependent on their friends or some one of the many charities for support. Never could there be exhibited a more kindly, helpful feeling, one for another, than was seen and felt by all on the Hill; and when one realizes that there were Americans (white and colored), Irish, Germans, Ruman Jews, Italians, French Canadians, Swedes, English and Chinese, this fact is all the more remarkable.

The results of the experiment were most satisfactory and interesting. There was a noticeable improvement from the start in eating and sleeping, and diminution in night sweats. The decrease in coughing and expectoration, and the improvement in general condition, pulse and temperatures, was most marked after September first. There were 128 cases at the camp during the season—ages varied from 8 to 64 years,—the majority being men. One-third showed gain in lung condition. The maximum gain was 20½ pounds in 17 weeks, with a maximum loss of 9 pounds in 9 weeks. Out of 78 cases that remained three weeks or over, 59 gained and 19 lost. Some few (5 or 6) will be able to do light work during the winter. Ten cases were sent to Rutland; one case improved so that it wasn't

necessary to go, after acceptance; two cases improved so as to go home to Ireland. Few of the cases were in the incipient stage, but were so far advanced that no marked improvement could be expected.

Such a camp as the above is in no way to be compared with a properly-equipped sanatorium, but it admirably supplements the treatment given at home by physicians or the hospitals to a large class of consumptives who cannot be in such institutions.

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## PROBLEMS IN PRIVATE NURSING

By A LAKESIDE GRADUATE,  
CLEVELAND, OHIO.

PROBABLY the most difficult of problems are those which can be overcome with the coöperation of institutional workers and private nurses.

Much has been done toward the specifying of a nurse's duty in a private home, and now we seldom go into a home where it is not understood that the nurse has only to deal with the patient and is not expected to attend to the management of the household, servants, etc. In an emergency, however, the tactful nurse rises to the occasion and manages servants and friends to the best of her ability. "What can't be cured must be endured," and best of all does this apply to the sometimes troublesome problem of friends or servants, which are always with us. Each nurse has her own way of dealing with these ever-present and always-different difficulties, and ways of managing households, friends and servants can not here be planned. The good nurse simply solves the problem, and there's an end to it.

The more difficult problems which custom has established and need to be overcome are the problems which need our united efforts to remedy. (a) If our *unlimited hours of duty* should be changed to a limited number of hours, whether the case be critical or convalescent, some of our time might be claimed by our alumnae associations, some time applied to our own advancement and pleasure, and the inevitable rut in which the private nurse soon finds herself could be avoided.

The nurse who enters a private home as one of the family, needs more than anyone else, the contact of the outside world,—in books, in current events; in fact, instead of knowing a little of everything feels that she needs to know a great deal of everything.



(b) *Her rest during critical cases.* At present, conditions are such that when only one nurse is employed on a case she cannot secure a reasonable amount of rest and recreation. To be relieved six hours after a strenuous duty of eighteen or twenty-four hours is surely unjust, and all sympathisers in the profession feel the injustice but are helpless in the righting of it.

If the case is in a private home the nurse usually takes her six hour's rest in divided time, the family, and occasionally the physician, relieving her; this is not real rest, and relaxation is impossible.

On the other hand, if the case is in the hospital, the nurse is relieved for six hours of all responsibility, but the disturbance in *all* nurses' quarters is so great during the day that authorities are unable to insure her quiet rest and she has no time for fresh air.

Steps are being taken in at least one hospital in our city to secure the twelve-hour system for special nurses and thus give them abundant time for both rest and fresh air. When all superintendents of training-schools feel the need of such time for their graduates, the general public will soon see the need of the same rest and our regular hours may not be so very far distant.

Nursing is a business, and should be run on a business basis. For a specified sum of money we give an unlimited number of hours' work out of each twenty-four with our best efforts. Would it not be more to the point and more satisfactory to all parties concerned if with our best efforts a specified number of hours be given the patient?

(c) *The question of rest in convalescent cases* can usually be managed satisfactorily by the nurse. A systematic treatment of the case for the pleasure of the patient and convenience of the family and herself is not a difficult matter.

(d) The graduate nurse's apartments are not what she most desires, but what she can best afford. We find the mass of nurses in apartments without housekeeper or anyone to answer telephone when all nurses are out on cases. She must see that the apartment is cared for, the necessary bills paid, laundry must be looked after, and many other duties incident to good housekeeping. She must assume the responsibility of her apartments, because she must live at the minimum expense. If the pleasures of flat life did not far exceed the problems of the life there, all our nurses would probably be scattered in various boarding-houses with no place which could ever seem home-like, and would miss the frequent meeting with other nurses. We live most independently and inexpensively, and with a Central Registry to report whenever away from our apartments,

we feel that we are not so very far from "The Nurses' Club House," where our work may be carried on in more business-like methods.

(e) *A nurse's rest between cases* is often a very important matter, and too often she needs a rest, and the physician, pleased with her work on his previous cases, thinks the case may not be difficult and insists on her taking it. She does not want to inconvenience the physician and takes the case, too much tired out to care for the patient satisfactorily, and in the end needs to go away for a "long rest" which she cannot afford. Finally her general health is broken down and her calls diminish. Physicians are ready to employ the more rugged nurses.

If we manage our vacations and rest with our health always in mind, the ten-year limit put on the nurse's life will find us capable and well-preserved and ready for a second decade of work.

(f) *Remuneration.* The nurse who does considerable hospital work must find the difference in her pay while there a problem, especially if she is with a case a long time. While in a hospital her laundry bill is larger, her quiet rest is not assured, her meals are no better, and her pay is diminished \$5.00 each week. She does enjoy the mingling with other nurses and coming in touch with hospital cases, but should this cost her \$5.00 per week?

Furthermore, she often goes home with her patient for a few days, sometimes a few weeks, and must ask the regulation price (\$35.00 per week outside the hospital). She has less to do for her patient, has better food, and often more than the regulation two hours off duty, and for this she charges \$5.00 per week. It is invariably commented on by the patient, if not objecting to the extra charge the injustice of the reduced pay during the most critical time of the patient's illness. Such a case always places the nurse in an embarrassing position. She can only say that it is custom to charge a smaller fee for cases in hospitals, but this does not right the wrong, and should a nurse not have the same remuneration wherever a patient claims her time, whether in hospital, home or hotel? As a rule this difference in pay does not mean as much to the patient as to the nurse. With people of limited means we find the majority of nurses ever ready to give a portion of their time.

Enough has been said both of big and little difficulties. Many of them will soon be righted and our pleasures and profits far exceed our problems.

**THE OPPORTUNITY OF THE NURSE IN PRIVATE DUTY \***

By CORA M. BIRDELL,  
South Bend, Indiana.

THE subject of this paper covers a broad field, and in the time allotted it will be possible only to touch on a few lines.

The opportunities of a nurse in private duty are many and varied. It has been my experience that the more I have considered the question, the more sides it seemed to take. It is like a prism in the sunlight, which, in turning, shows different lights and colors, sometimes scattering, then again blending. The longer we examine it, the more fascinating we find it. We are always able to find a different light and throw beautiful shadows on the wall. So, like the prism is the life of the nurse. If she be of the right material, and properly cut and trimmed, she will reflect the sunlight and brightness into the dark and gloomy corners of the lives of the people.

In the addition of the department devoted to the exclusive interests of private nurses, the *AMERICAN JOURNAL OF NURSING* has scored a strong point. This fills a long-felt want. Nurses who have been doing private work for years, almost without realizing it get into a rut. We should each make a special effort to guard against this. We have so little opportunity to mingle with others of our profession, but often on duty, when our patient has callers or is sleeping, we can pick up the *JOURNAL* and find something interesting, as well as helpful. It will be refreshing on some still midnight watch, to find a sketch from another nurse, like ourselves, telling of her experiences. It will be almost like a letter, or a heart-to-heart talk with a friend. We almost forget, at times, that there are other nurses in the world. We imagine that no one can do quite as well as we. This is a very mistaken idea. It may do very well for a while, but in after years we will find ourselves pushed back, and newer nurses, fresh from the training-schools, taking our places. It behooves us then to keep well informed. There are always new ideas coming up, and we should make a strenuous effort to keep abreast of the times. Let us not drop back in the ranks. Remember that the road to success is labeled "Push."

Those who have not already subscribed to some nursing journal, should lose no time in doing so. I think no nurse can afford to be without it. There are many nursing journals, and very good ones.

\*Read at the meeting of the Indiana State Nurses' Association.

But the *AMERICAN JOURNAL OF NURSING* is the only one edited and carried on entirely by nurses. So it is only natural that it should stand at the head of the list.

The life of the physician is a noble one, carrying life and hope about with him. Forgetting sometimes to eat or sleep, in his anxiety over some patient under his care, he certainly is doing his part in the great problems of life.

Leaders in philanthropic societies are doing wonderful things in educating the people; and in their faithfulness and zeal wonderful developments are opening and progressing along our line of work. The visiting nurse, for instance; the settlement nurse among the poor; the public-school nurse, alleviating and preventing sickness among all classes of children; also the growth of the hospitals and sanatoria for tuberculosis.

But it falls to the nurse in private duty to discover the little things that are often the causes of disease. And isn't it the proficiency in the little things that, in a great measure, makes the nurse the power in the household that she is?

Surely there is no one who is nearer to the heart of the family than the nurse. We are always receiving confidences from our patients or members of the household, some not altogether pleasant, but others that fill us with gratitude that we are allowed to hear. The old saying that "It is better to be a good listener than a good talker" is especially true of the nurse.

It is not of much interest to us how old Johnnie was when he had the mumps, or how many times he has cut his finger. It is often tiresome to listen to a long catalog of aches and pains, but it is not wise to show our feelings. Some people can't understand that we care for anything outside of the sick-room, and make a special effort to give us the history of every case of influenza or lumbago that has occurred in the family.

On entering a home, the first thing necessary is to gain the confidence of the patient as well as the household. If we fail to obtain this confidence, our services are not of much value.

One of our most successful physicians said once in a little talk to our nurses, that on first entering the sick-room we should be "all-wise." I think that has helped me more than any other one thing in my work. For without the appearance of confidence in ourselves, we cannot inspire it in others.

We are often, then, able to drop suggestions about conditions which really needed attention, but we have no right to demand changes outside of the sick-room, and it would do little good if we did.

Many families of to-day are alive to the sanitary laws, and there seems little need for our help in this direction. But even in well-regulated families there are often little things very improper and unsanitary. The family drinking-cup, for instance. Many people who wouldn't think of drinking tea or water at the table after others, will use the common cup hanging at the hydrant or the wall, which perhaps for days has not been washed. In the suburbs or the country, where the water is brought in a pail to the house, one will often see the children clamber up to the pail, get the dipper brimful, drink a few swallows, and then drop the remainder with the dipper back into the pail. This is unsanitary, under any circumstances, but supposing one member of the family has a chronic case of throat trouble, or even a tubercular tendency, then it becomes absolutely dangerous. I believe that many hereditary diseases might be attributed to this cause and similar ones.

There are many times that we would not be able to do any good, but often with a little diplomacy and ingenuity we can eliminate the little things and so assist in a small way what the large organizations are trying to accomplish. If all the nurses in the United States would band together to make war against the little things, what a revolution our country would undergo. And perhaps some of us would have to wash dishes. But there are so many new avenues opening all the time along lines of our work that there is little danger that employment for all will not continue.

There is one class of people among whom our efforts will be the most fruitful. We nearly all have experience with them. Families who are in comfortable circumstances, yet have no knowledge of what is transpiring outside of their immediate community. Their library will often consist of the German Bible, and one or two detective stories.

An experience of this kind came to my notice. A nurse was called, and on her arrival found six members of the family with typhoid. The house had been converted into a hospital, and a summer kitchen served as kitchen and dining-room and general assembly room. During the night, on hurrying from the kitchen, the nurse missed her footing and fell, spraining her ankle, which necessitated her return home the following day. Some of her friends treated this as a joke, inferring that it was intentional on her part. But this was not the case, for she was interested, and would certainly have stayed if the accident had not occurred. However, one of the doctors, not the one on the case, consoled her by saying he was glad it did occur.



He thought an accident of that nature less serious than a siege with typhoid. On asking about the sanitary conditions he said the typhoid infection was probably carried by flies.

Before her arrival each patient had had a daily bath, as well as a change of bed-linen. The carpets had all been taken up, and the floors were frequently scrubbed. The well was too deep to cause trouble; the cows had been examined and found in good condition, but the air was black with flies. There was an attempt at mosquito netting at the windows in the house, but in the shed of a kitchen, the flies had full sway. At the table, one of the women kept a cloth swaying over the food with one hand while she ate with the other, but when she needed both hands, or for any reason she had to leave, the flies would gather in swarms on the food.

A short time after this, another nurse was sent to the same community to care for four typhoids in one family. It is quite possible that some of the same flies that were at the first place had found their way to the second.

Of course, it is hard to keep free from flies, but it would certainly have been vastly better to have fought them all summer than to have that terrible siege. Suggestions from a nurse about screens, tangle-feet, the care of scraps and slops, and general cleanliness, would be taken more kindly than any demands made by the health officer.

Above all, let us insist upon fresh air. Why is it that so many people are afraid of the pure, sweet air? Primitive man had plenty of it. The Indian sat in his wigwam on the cold winter's day with the air creeping under the edges of his tent, or seeping through holes of the rough skins, and he was hardy and healthy. Yet civilisation brings with it the fear lest some cold air shall get into our houses. This is a point on which we should all stand firm, and by all means have fresh air. Often we have surrounded our patient with hot-water bottles and spread extra blankets from his chin to his toes, then opened wide the windows and let the air sail through the room. Many a time, some member of the family has been horrified at this procedure; but after a few repetitions, with no harm done, their fears will be somewhat allayed, and especially will the patient enjoy his outing. The prejudiced aunt or grandmother may put on her thinking-cap and decide that after all perhaps you did know best. Your patient will nearly always be of your mind.

And with fresh air comes sunshine. Open the blinds and flood the rooms with sunshine. Our health is of more importance than carpets and rugs.

Then let us have clean bed-linen; clean towels on the dressers and tables. Nothing delights a patient more than to be clean and to see clean things about him. In South Bend twenty-five flat pieces can be laundered for 25 cents; then is there any excuse for us to be saving of laundry bills? Isn't this one of the things that distinguishes our profession of to-day from the Sarah Camp idea?

We should always keep in mind that we owe a duty to our profession, and assist in ennobling and up-building it as our predecessors have done. We should have a higher aim than simply what we can get out of it. There are others yet to come, and it is our duty to help pave the way for them. Much has been done to make our way easier.

Many times we are the first nurses in the home. We should endeavor to do our best, for so much depends on first impressions. Families who have already employed trained nurses always hail the coming of a nurse with delight, if their previous experience has been satisfactory. They feel that the care and responsibility is greatly lessened. It is a momentous question for friends to leave their loved ones to strangers. Therefore, it is a terrible thing for us not to do our best and live up to our colors.

Right here, I would like to plead for personal cleanliness, a most necessary virtue for a nurse. We cannot preach sanitation, or cleanliness, to others, without those attributes ourselves. One lady speaking of a nurse she had employed, said she "couldn't endure her, she was too sloppy." We hate to hear these things about our fellow nurses. The article in a recent *JOURNAL*, about wearing the uniforms on the street, is one for us to consider, for it stands to reason that it would be more proper to keep our clothes free from the contamination of the streets. And it would be better to keep the uniforms for the house alone, especially in surgical and obstetrical cases. Of course, this involves more trouble and time. So let us turn our attention to the making of our uniforms, as well as our street clothes, and discover the best methods for a speedy toilet.

One gentleman on hearing the subject of this paper, said, "I think one of the greatest opportunities of a nurse is in using mental suggestion." It is a strong point, and should be cultivated. The patient's mind is weak, as well as the body, and can scarcely help being influenced by a strong mind. Keep the mind as free from worry as possible. The sight of the calm face of the nurse is reassuring, and it is always wise in severe cases to keep any from the sick-room who are apt to disturb the patient. If you need an assistant, choose the least excitable one of the family. Impress upon that one the necessity of quiet and cheerfulness.

It is hard when we are worn and tired, and escape from the sick-room for a few moments, to be pounced upon by anxious friends, who pelt us with questions, begin to shed tears, and often try to collapse in our arms. We must remain calm, and reassure them as best we can. But we must save our best strength for the sick-room.

Another physician's suggestion, as to our attitude toward the help in the house, I have always remembered,—that we should be agreeable, and not make any more work than is necessary. A nurse is only in the house a short time, and it quite upsets the family when we make it so unpleasant that the servants are apt to leave. The mistress of the house, especially if she is the patient, cannot afford to lose a good maid. It is not necessary for us to be intimate with them, but we should treat them with respect.

A nurse should be capable of adapting herself to all families. We are called among all kinds of people. We should take things as we find them, and not show surprise or the repulsion that we might feel.

We should not only remain loyal to the physician, but we should in every way possible assist him. The physician's life is even harder than ours, and it is our duty to lighten his burden when we can. If we have had an extremely hard case, when it is over we can slip away and hide ourselves for a few days, while the physician has to remain at the daily grind, and probably will have another case equally as serious as ours, and oftentimes he cannot ask the patient to employ a nurse. The physician has always been our most loyal friend. So let us reciprocate and remain loyal to him.

Then we owe a duty to each other. We are nurses, and all free Americans, and have equal rights. Let us be loyal to each other. Our association work and state registration is bringing about a closer relationship and breaking down the barriers of jealousy and prejudice between different schools.

One lady that I have recently been with told about a time when three nurses were employed in her family, each one having a different patient, and each one a graduate of a different school. They scrapped, as she expressed it, all of the time. One wouldn't even go up the same stairs as another. An occurrence like that is disgraceful, and a nurse should be above such petty things. It would be far better to be generous and give in to the others than have scenes like that. I am glad to state that this did not occur in Indiana.

The last point I wish to make is "Be cheerful." No one wants a cross nurse about them. Happiness is one of the best antidotes

for microbes. A contented mind is a better digestant than peppin or charcoal tablets. The nurse should be the last in the household to display a temper. There are many families who can be kind and pleasant enough among acquaintances, but who cannot be suited with anything at home. The nurse, in her nearness to the family, with her sunny presence and gentle ways, cannot help but be an influence in the family circle, as well as to dispel clouds of gloom from the patient's mind. Let us keep in mind those familiar lines:

It is easy enough to be pleasant  
When life flows along like a song,  
But the man worth while is the man that will smile  
When everything goes dead wrong.

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## AN IDEAL CENTRAL DIRECTORY

By GRACE HOLMES

Secretary Ramsey County Graduate Nurses' Association, St. Paul, Minnesota

[We were most delightfully entertained at the club-house by the St. Paul nurses last fall, and found it to be a most home-like and attractive place, such as the nurses of every city should have.—Ed.]

REPLYING to the JOURNAL's request (in the March issue) for information regarding central registries our president has asked me to prepare for publication a brief account of our venture in that field.

In 1898 Miss Theresan Erickson, of a Minneapolis training-school (later with the army in Cuba and the Philippines), a nurse of exceptional energy and far-sightedness, started a movement for a central registry. Her reason for doing so was that each St. Paul school had a registry of its own and we, who locally are called "foreign nurses," had nowhere to register except in the drug-store, "Free Directories," with the mixed multitude of "experienced nurses,"—a most unsatisfactory arrangement, as many of our older nurses throughout the states can testify.

Miss Erickson spent much time and energy in talking up her scheme with physicians and nurses, and aroused sufficient interest to be able to get us together in the fall. We organized the "Ramsey County Graduate Nurses' Association," with a woman physician as president, and about twenty members.

The following year we elected a nurse (our present president), and at no time since has anyone not a graduate nurse had a voice in the business and management of the association.

The first anxious question was the establishment of a registry. Our first annual fee was three dollars and, with but twenty members, clearly we could not do much.

The Ramsey County Medical Society, always a warm friend and supporter, allowed us to place our registry in their library under the care of their librarian, to whose salary we made a small addition—twelve dollars, if my memory serves me well. Of course we paid our own bills for 'phones, etc.

While the library was closed a list of our "off duty" nurses could always be found at "Hall's drug-store," where we received much kind and faithful and gratuitous care. But the store also was closed at night! A funny, mixed arrangement, but still a step in the right direction.

We struggled on this way for about two years, our membership growing slowly all the time,—slowly, because the local graduates did not need us and the majority of them did not appreciate the possibilities of the thing.

In 1900 Miss I. S. Sweetman, graduate of our St. Luke's, opened a residence for the nurses of her own school, with room for some twenty women. This body is called the "Nurses' Club," but is absolutely separate and distinct from the association, and originally few of its members belonged to us. Indeed they, of necessity, had a little registry of their own.

Here was our opportunity. A small registry is as confining to the registrar as a large one, and after much discussion, and at the expense of the loss of a few anti-St. Luke's members, we finally started our third year under Miss Sweetman's able care.

Upon making this move we absorbed all the residents at the club, and at the same time raised our fee to five dollars, where it still remains.

The local schools did not at once abandon their registries. Indeed, one school still keeps it up, though we have some of its graduates. We have substantially all the graduates of the other schools, and of course all of the "foreigners."

A great many nurses have come and gone. To-day we have one hundred and twenty, and add a few each month.

Some money we always lose, but our income is above five hundred dollars a year, and beside, the registrar's salary (which is now \$300) and



our quarter page in the advertising department of the "St. Paul Medical Journal," and other expenses, we make decent little contributions to some local interests, charities, etc.

We defrayed part of the expense of the initial work in forming the Minnesota State Nurses' Association, which organization we are proud to say received its first impulse from our association.

We never assess our members, and always have a balance in the treasury.

Socially, besides a few entertainments for distinguished visitors (like the editor-in-chief of the JOURNAL), we have a social hour, with refreshments, after each business meeting. Our attendance is averaging about twenty, and so far this year nine schools have been represented at the meetings, which are held monthly at the club.

I believe the social hour is far-reaching for good in its results. Slowly but surely school lines are disappearing and each woman stands on her own merits.

The Medical Library is open to us at all times, and we have our own magazines filed there.

Some years we have had a course of post-graduate lectures by physicians. The past year we have devoted ourselves exclusively to organization plans, our most active members also being in the forefront of the State work.

The association and the registry are so bound up together that it is difficult to speak of one without including the other.

In the community we hold an honored place. No serious complaint has ever come from the outside, and inside petty jealousies are almost unknown. Yet, be it well remembered, that the most successful registry will not be able to keep an unpopular nurse busy. A registry for nurses is not an Employment bureau, it is an Information bureau only, and a central registry will inevitably be a sifter.

Of the registry proper: It is in fine running order. We have often said, "Miss Sweetman is the registry." Every nurse in St. Paul knows her, every physician in the northwest knows her, and she knows everybody and everything.

Personally she is a charming lady—a woman of exceptional ability,—resourceful, energetic, and of high integrity.

We can wish nothing better for any struggling central registry than to fall into the hands of such a registrar.



# THE ALCOHOL SWEAT

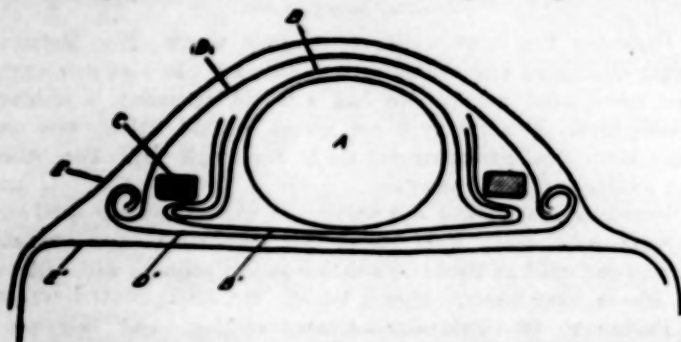
By M. GRACE MATTHEW

Washington County Hospital, Hagerstown, Md.

This alcohol sweat is a diaphoretic treatment that is not generally known but is very useful in the case of patients who are too weak to use the cabinet sweat. It has no diuretic effect but the diaphoretic effect is marked. The appliances needed are:

- |  |                    |
|--|--------------------|
| 4 woolen blankets,                                 | } all well heated, |
| 2 rubber sheets 6'6" x 4'6",                       |                    |
| 1 bath towel,                                      |                    |
| 1 face towel,                                      |                    |
| 1 nightgown,                                       |                    |
| 9 bricks heated in oven 1½ hour before being used, |                    |
| 9 covers for bricks,                               |                    |
| 1 basin of ice with two compresses for the head,   |                    |
| 1 bottle alcohol 70 per cent.,                     |                    |
| 1 glass and drinking tube,                         |                    |
| 1 pitcher hot lemonade.                            |                    |

**Procedure.**—Have everything ready at the bedside, bringing the hot bricks in their bags on a tray. Over the patient put a blanket and fold the upper bedclothes down over the foot of the bed. Under the patient put a blanket, a rubber sheet and another blanket. Remove the nightgown. Take the sides of the upper and lower inside blankets together and turn back against the patient on each side, which makes three thicknesses of blanket between the brick and the lower rubber sheet and patient. This is called the "trough." Repeat this at the



Cross section showing arrangement of patient, blankets, bricks, and rubber sheets in an alcohol sweat: a, patient; b, upper inside blanket; b', lower inside blanket; c, hot brick; d, upper rubber sheet; d', lower rubber sheet; e, upper outer blanket; e', lower outer blanket.

foot. Over the upper inside blanket spread the remaining rubber sheet and fold sides back over patient, leaving the trough exposed. Now place four bricks covered with their bags in the trough on one side, being extremely careful that they are not too close to the patient. Pour the alcohol over all four bricks and quickly roll the edges of upper and lower rubber sheets together. Repeat at the other side and the foot. See that the blankets and rubber sheets come well over shoulders so that as little as possible of the heat and moisture will escape. Over all spread the remaining blanket and bring the bed-clothes up over this.

Apply cold compresses to the head continuously and encourage the patient to drink freely of the lemonade. Watch the pulse closely at the temporal artery. If the pulse remains good the patient remains in the sweat one hour, when the bricks and the blanket and rubber sheet directly above and below are removed. The patient is rubbed dry with a hot towel and left between the other blankets until he has ceased perspiring. The blankets are then removed and the patient rubbed briskly all over with warm alcohol and the hot night-gown put on.

Avoid chilling the surface during or after this treatment. If the patient is delirious or unconscious, the nurse must not leave him, as the slightest movement might lead to severe burns.

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### HOSPITAL SKETCHES.

By KATHARINE DE WITT  
Graduate Illinois Training School

(Continued from page 489.)

**FEBRUARY 10—Monday.**—My funny Irish woman, Mrs. Maloney, is much dissatisfied with the nurses and doctors. She says they ought to be middle-aged people. We had a horrid afternoon, a rushing, tumbling kind. I had to fly to get around, yet the patients were unusually kind. Bridget encouraged me in her rough way. Poor Alice had a sinking spell and was so sick.

**FEBRUARY 11—Tuesday.**—A probationer was put into our ward and under my special care. I am having good times teaching her, for she is so nice and quick to learn. We have a patient poisoned with carbolic acid, who is doing nicely. Alice is better.

**FEBRUARY 12—Wednesday.**—Chaos, rushing, and weariness! Another case of attempted suicide.

**FEBRUARY 13—Thursday.**—A little negro girl, one of my patients, died this morning. She had only been in a day and was very sick, poor

child. She had told me while I was trying to clean her nails, against her express desire, that I was not a good nurse, being too determined. A new stretcher case was brought in. It is the worst morning we have had. Poor Miss Dunstan gave up and cried.

**FEBRUARY 14—Friday.**—Miss Thayer is back, and we are so glad. Things will go better now. Our nice little probationer has patients of her own and is doing beautifully. Poor Nellie is very much worse. I have had such a fancy for the child ever since she came in, and she has wanted me to do everything for her. She is delirious now, and knows no one; I do hope she will get well. I bathed five and one-half people this morning. One woman I fixed had a double nail on one toe and she told me she used to have six toes on her left foot, but one had been amputated.

**FEBRUARY 15—Saturday.**—We didn't half get through our work. We had four new cases, one on a stretcher and two in wheeled chairs. Seven of the patients have to sleep on the floor. We have over sixty.

**FEBRUARY 16—Sunday.**—Was on in the morning and the work went beautifully.

**FEBRUARY 17—Monday.**—Alice gave me fifty cents to spend for her, and asked me to get two envelopes, two sheets of paper, two stamps, a can of honey, and some gingersnaps. Nellie knew me for the first time in ever so long, but she is no better.

**FEBRUARY 18—Tuesday.**—Miss Thayer called the nurses together and told us we must finish our work on time. Then she divided it differently and gave me two private rooms and four patients in the ward. That gives me ten patients in all; six are typhoids, and all are very sick. Nellie is my patient now, but is too sick to know it. I have a homesick little Bohemian, and a repulsive paralyzed woman. Two of my patients have bed-sores that have to be dressed every day.

**FEBRUARY 19—Wednesday.**—We watched all day a threatened case of abortion, but it didn't come off before we came away.

**FEBRUARY 20—Thursday.**—Miss Dunstan, our senior nurse, is sick, so I have the senior work,—medicines, temperatures, and the private rooms. Our ward is so full that eight sick patients have to sleep on the floor. We had to send away two of our best help, the night woman and the kitchen woman, because they fight so. Our case of abortion still hangs on.

**FEBRUARY 21—Friday.**—I have Annie to care for now, and she is funnier than ever. She is a little delirious yet, and when she does anything horrid and I talk to her about it, she opens her big black eyes and says, "Forgive me, nurse." When I am making her bed she

throws kisses to me and says, "Oh, dear little lady, oh, dear little nurse, don't wash my face so hard, please." It was all I could possibly do to get through my work in the morning. In the afternoon Miss Drake came up and found fault with me because I was not with the doctors who were treating our abortion patient, because I was not directing the work of the two probationers, who hadn't finished their morning work; because I had not swept the private rooms, or oiled Frances' face, or washed Nellie's feet, whereas, I had been feeding a girl by rectum every half hour and trying to finish the noon temperatures and to get out the two o'clock medicines, and hadn't time for anything else; but such is life. Miss Drake telephoned to Miss Thayer, who was taking her half day, that she must come back, and she did. Finally, Miss Fife appeared on the scene with uplifted hands and a look of horror, saying, "Really, Miss Thayer, Ward E will drive me distracted." When they had gone, we laughed, for we didn't feel a bit guilty; we had worked so hard and every necessary thing was done, though things did look horrid.

**WASHINGTON'S BIRTHDAY—Saturday.**—I was on in the morning and spent most of my time over Frances, giving her stimulants and hypodermic injections. We have sixty-five patients now. An extra row of beds has been put down the middle of the ward.

**FEBRUARY 23—Sunday.**—I was on in the morning again and had a terrific time getting through. I had to keep up poultices and fomentations, beside fixing fourteen patients. Poor Frances died last night.

**FEBRUARY 24—Monday.**—They have moved two very sick patients from the ward into my rooms and my hands are full. They have to have turpentine stupes kept up day and night. Nellie got out of bed to-day under the delusion that she had to move to Broadway. I had to tie her in bed after that. I tied one foot to the foot of the bed. Some time after, I found her looking sadly at that foot, and she said to me, "Nurse, won't you please release this prisoner? He has been tried and has proved himself clear; he was only one of a gang." It is very odd that though she is all the time delirious, she knows me, and though she won't answer one of my questions sensibly, she will take anything I give her, and makes a great fuss with any one else. Our abortion woman departed in pretty good health to-day.

**FEBRUARY 25—Tuesday.**—A horrid, vile day. I was so tired my legs wouldn't walk, and my arms wouldn't work, and I had so much to do. In the afternoon Miss Thayer asked me to print some labels, and then when I started, she sent me on errands everywhere, and each time

I went through the ward half a dozen patients would shout at me for something.

**FEBRUARY 26—Wednesday.**—Poor little 43, a Swedish girl, with golden hair and blue eyes, is getting worse so fast. I have to give her milk every fifteen minutes and a stupe every hour; 41 is very sick too.

**FEBRUARY 27—Thursday.**—41 died last night. I feel so sorry that I ever pulled her hair. It used to get so tangled I could hardly help it. The little Swedish girl is dying. Her doctor does not believe in stimulants, so we have just had to watch her grow worse and worse without doing anything for her. It does seem wicked. The two patients in my middle room always amuse me so much,—Nellie, and Bohemian Mary. I made some lemonade for them to-day and they were perfectly delighted. I used to think Mary very stupid, but she talks a little now in her broken English and says I am "awfoo good," which makes me as happy as anything I have ever heard. She has a dreadful bed-sore.

**FEBRUARY 28—Friday.**—Nellie grows more amusing every day. She begs me every morning to make her some "clariont," which is as near as she can get to lemonade. She asked Miss Gault to-day to bring her a few squirts of water. Mary is ever so much better, but her back is dreadful. She says it is "no good." Sophie went away to-day; she has been one of my favorite patients, so pretty and timid and willing. She scrubbed my tables and chairs for me before she went. Annie was funny, too, to-day. When she did something she ought not and I said, "Oh, Annie!" she replied, "Poor little Annie's going to die." While I was changing the sheets, she tried to console me by throwing kisses.

I did not half finish my work to-day, but the patients have been so nice to me. One woman in the ward never fails to smile when I go by because when she first came I would not let them cut her hair, which was fearfully tangled, but after a half hour's tug got it smooth.

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## NURSING ETHICS AND ETIQUETTE\*

By CHARLOTTE M. PERRY

Superintendent Faxon Hospital, Utica, N. Y.; Graduate Massachusetts  
General Hospital

(Continued from page 614.)

It may be thought by some that neatness, punctuality, economy and quietness should come under etiquette rather than ethics. In reality they touch upon both. First, to regard them from the ethical stand-

\* Lecture given to the pupil-nurses of Faxon Hospital.



point: A nurse's neatness promises fair for her surgical cleanliness, which is the fundamental principle of all surgery. An experienced person will be able to pick out from a large number of nurses those who show, by neatness of person, a regard for the surroundings of the sick, and the care bestowed upon patients, that they will qualify for good surgical work. This carefulness touches upon medical as well as upon surgical work, as in contagious diseases. And, then, there is another aspect to be considered. The patients who can give the fee which a nurse earns if her work is well done, are unwilling to throw away that which should ensure the attentive care which good breeding demands. A nurse who has been well brought up will heed those hygienic measures which are conducive to health; and besides this will look upon the surroundings and personal belongings of her patient as for the time being entrusted to her considerate oversight.

One can only touch upon a few points in the enumeration of the various qualities expected of the present-day nurse. Punctuality becomes an ethical principle in relation to the administration of drugs, to the carrying out of treatment, etc. Any failure to give medicine at the proper time should, of course, be reported at once, not given more frequently to make up for lost time. The hour for administering the dose should be immediately and clearly recorded, in order to avoid mistake. It must be remembered that nurses are very conspicuous in the eyes of their patients as to the manner of arranging their work. It is a source of comfort to see the same things being done in the same manner every day. It gives the impression that the nurse is intelligent and the master of her work; that she does not spoil it by forgetting when things are due, nor by trying too many notions and dodges every day.

A quiet manner is very agreeable to a sick person; whereas a bustling, jerky, hasty, destructive or careless manner soon becomes intolerable. Nurses should certainly hear something about this in their training, and shun what would prove so rasping and unbearable to those whose nerves are already unstrung by illness. Let it be impressed that noise jars a patient. The slamming of a door; the letting fall anything which with a little forethought might be firmly grasped; uncertain sounds, such as whispering; all these are particularly irritating, and should be avoided.

Economy in a nurse will find a ready approval almost everywhere and under any circumstances. Those possessed of means know the value of the same. A careful use of bed and table linen, of polished



surfaces, of choice rugs, in fact, of everything with which we have to do, will commend our work and create a confidence it is well to try to win. Toward the poor we owe a thoughtful consideration. Wastefulness under these circumstances would show a very callous spirit, there being no redress for the patient, who may be taking the bread from her children's mouths to raise the amount for services rendered. It may be said to the credit of nurses generally that they do not err so much in this direction as when they suppose their patients to possess wealth. But experience will soon bring it home that there is less and less of a disposition to employ wasteful nurses who cannot appreciate the value of things.

*Etiquette.*—This term implies a recognition on our part of our relation to others. Its fundamental principle is unselfishness. Society requires certain forms; it is very quick to place a person according to his observance of understood laws. Each profession is ruled by a standard of conduct. Nursing partakes of a military character. There are degrees of authority, and preferments are given to those competent to receive them. It is expected of nurses in training that they will render respect and absolute obedience to those placed over them; between equals there should be a manner of good faith and comradeship; with juniors a certain formality should obtain; while towards all courtesy must be extended. Each rank with its obligations calls for a discriminating recognition on the part of the nurse. As she herself advances in the training-school, she will be assuming more and more responsibility, and should exercise any authority thus gained with discretion; never displaying it before those who remain still at the head, as, *e.g.*, giving directions in the presence of her superintendent, or carrying on a conversation over her head. Nor will she lord it over those younger than herself, asserting more authority than she really possesses. On the other hand, she will maintain a proper reserve towards juniors, that she may have a right influence with them, avoiding familiarity, which is incompatible with any sort of rule. Each stage of training should fit one for that immediately succeeding. Beginning at the first rung of the ladder, the new-comer will find the work graded; that which is more skilled in the hands of those who have become experienced; the practical teaching assigned to the head-nurses, or the older seniors who have been left in charge. This ensures method and thoroughness. It will be confusing enough for the probationer on arrival without having to turn to everyone for instruction. Quite contrary to such an arrangement, she will receive special attention from

her head nurse, and be taught to do the simpler things first with accuracy, then with despatch. These will consist mostly of the less difficult, but not less important duties, such as dusting, making of beds, care and disinfection of mattresses, pillows, rubber goods; cleaning of bathrooms, tubs, faucets, brasses, globes, bedsteads, utensils, all ledges and surfaces, refrigerators; setting up of trays, and seeing that patients are well served, that they have the proper diet, and that the helpless ones are fed. Nurses are responsible for the order of the hospital, and should early cultivate the habit of observation and orderliness. Probationers are to assist in keeping the wards, rooms and halls in perfect order continually. There will be other work, such as getting up and putting to bed of the convalescent patients (the lifting of sick patients should never be left to inexperienced persons), and fetching and carrying generally; only the juniors must not use this as a means of being waited upon. The listing of patient's clothing, safe storing of valuables, care of hair, taking of initial temperature, pulse and respiration, etc., will precede the actual care of a patient, which will not come within her province till the second month of her probation, at least. A thousand things of the above-mentioned sort, but all clearly-defined duties, will furnish her experience, and be a test of her qualifications for acceptance into the school.

Juniors, above being generally helpful, showing where appliances are kept and making a probationer feel at home at a time when all is new and strange to her, may not take it upon themselves to instruct in any essential way. This is the head-nurse's function, or that of the senior in charge. They may not call upon the probationers to do any part of their work, assign any duties, nor give any directions. The junior period is itself a time of tutelage, and there is much to learn in the care of medical, surgical and gynecological patients. This is the opportunity, above all others, for becoming thoroughly acquainted with technic in the larger part of nursing experience: charting, baths, enemata, solutions, some operating-room experience, sterilization of patients and postoperative care, gynecological positions, assisting at dressings, simple bandaging (sufficient instruction should be given to prevent bandaging ignorantly; most of this experience will come in the last year). There will be the making of surgical dressings, external applications, medication, urinalysis, preparation of specimens for the laboratory and some laboratory instruction, the prevention and dressing of bed-sores, dressing of burns, hydrotherapy, which will include baths of all kinds, etc., etc.

(To be continued.)

## BACTERIOLOGY FOR NURSES\*

By E. STANLEY RYERSON, M.D., C.M.

Out-door Surgeon, Toronto General Hospital; Surgical Registrar, Hospital for Sick Children; Assistant Demonstrator in Pathology and Anatomy, University of Toronto.

(Continued from page 516.)

## (3) According to the material which they live on:

1. *Saprophytic*. That is, those which live on *dead* animal matter, causing putrefaction and fermentation in it. Most bacteria belong to this class, which changes the bodies of dead animals into a condition suitable and necessary for the supply of food for the vegetable or plant kingdom, which we heard about from Pasteur in describing Nature's Food Cycle.

2. *Parasitic*. Those which live at the expense of the living tissues of the animal and vegetable kingdoms. Most of the organisms which have been found to cause diseases belong to this class and are called pathogenic, or disease-producing bacteria.

## (3) According to their shape or morphology:

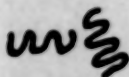
1. *Cocci* (coccus, a berry). Round, spherical, like a billiard ball.



2. *Bacilli* (bacillum, a rod). Rod-shaped, lead-pencil shaped.



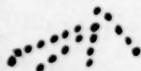
3. *Spirilla* (spirillum, a small coil or spiral). Cork-screw shaped.



Special names are preferred to any of the above according to their grouping—*e. g.*, cocci arranged in pairs are called diplococci; in chains streptococci and in groups like a bunch of grapes staphylococci. The same



bacilli placed end to end in a chain are called streptobacilli.



In our definition of bacteria, the word microscopic was used on account of their minute size, distinguishable as individual bodies only by means of the microscope. Their measurements vary, but the diameter of some cocci has been calculated to measure  $\frac{1}{1000000}$  inch; the length of bacilli to be  $\frac{1}{100000}$  to  $\frac{1}{10000}$  inch; and spirilla up to  $\frac{1}{10000}$  inch.

Special processes have divulged the fact that certain organisms have little hair-like tails or flagellæ which wave about and cause active movements in the bacteria, which quality is called motility.

Many bacteria have the power of elaborating certain poisonous chemical products, called toxins, which we will find later are responsible for many of the symptoms of disease.

\*One of four lectures delivered to the Nurses of the Toronto General Hospital and the Hospital for Sick Children, Toronto, November, 1905.

How do the bacteria grow and increase?

1. By fission or division into two. The rapidity with which bacteria might increase in this way is almost inconceivable. If a bacillus divided once an hour, at the end of 24 hours there would be 16,500,000 and in 3 days their weight would be 17,500 tons. Fortunately the conditions necessary for such rapid growth are never present, so that such an alarming number as mentioned is an impossibility; still, although one organism is extremely minute by itself, it is easy to imagine the enormous power when present in great numbers.

2. By spore or seed formation. Certain bacteria possess the power of entering this seed or spore stage, in which they remain until they meet with favorable conditions for growth. A spore begins as a small bright point in an organism (for example, say a bacillus) and gradually increases to a considerable size; the bacillus about it gradually withers and disappears, leaving the spore as a bright, highly refractile body. Spores never increase by fission, but remain in their seed state until they are planted on a favorable soil, when they develop into the organism from which they were formed in the first place, multiplication occurring then by the process of transverse division. It is as spores that saprophytic bacteria exist in the living animal tissues. As soon as the animal dies, its dead tissues enable the spore to develop into their active form, in which they rapidly increase by fission and produce the putrefaction and fermentation which invariably occurs. It is important to remember that spores are very resistant to the action of heat and disinfectants.

What conditions are necessary for the growth of bacteria?

1. Temperature. That at which most bacteria grow is 98° F. They can exist in a temperature as low as 32° F. or as high as 170° F. Greater heat than 170° F. kills them.

2. Moisture. This is essential to the growth of bacteria.

3. Air. It is the oxygen in the air which some bacteria require for their growth, on account of which they are termed *aërobic*. Others, however, will only grow when free from oxygen and are called *anaërobic*.

4. The presence of some form of organic material.

In what places are bacteria found?

1. Everywhere that dust is present, such as on and in the earth, having been found down to the depth of 9 feet. There are none on the Arctic glaciers and very few in mid-ocean.

2. On the surfaces and in the mouths, throats and digestive tracts of human beings and animals.

### 3. In water, milk, and in many foods and liquids.

In many of these places the bacteria remain dormant and do no harm, only becoming active and increasing in number when they meet with the above conditions for growth.

**Media.**—Bacteriologists have learned how to supply the conditions under which bacteria will grow most rapidly. The organic material is supplied in a number of different forms, called media, those in everyday use in the bacteriological laboratory being bouillon or clear soup; agar-agar, made from sea-weed; gelatine, blood-serum, milk or potato. These media are rendered free from living organisms by subjecting them to heat above a temperature of 170°, called sterilization.

The media contain the moisture necessary for growth and are prepared in glass test-tubes plugged with cotton-batting so that no air is allowed to come in contact with them. They are placed in an incubator or oven, which is kept at a constant temperature of 98° F.

The process of examination of an organism by a bacteriologist will be comprehended most readily by following him through the steps of examining for the organism which produces diphtheria.

The bacteria are swabbed from the patient's throat, by means of an applicator covered with a pad of absorbent cotton. This swab, as it is called, is smeared on the surface of the media, usually blood-serum in the test-tube, thus planting some of the bacteria on a favorable soil for growth. This inoculated tube of blood-serum is placed in the incubator at a temperature of 98° F., where the bacteria increase and multiply from 12 to 24 hours. They are then prepared for examination under the microscope by smearing some of them on a glass slide or cover-slip, drying them over a gas flame and staining them with special stains used for the purpose. The characteristic shapes of the different bacteria can then be distinguished under the microscope. Some of the bacteria commonly met with are:

#### 1. Pus-producing bacteria.

**A. Staphylococcus Pyogenes Aureus.** You have already heard that cocci arranged like a bunch of grapes are called staphylococci; pyogenes refers to an organism that has the power of producing pus; and the term aureus applies because a mass of these organisms growing together have a golden color.

**B. Staphylococcus Pyogenes Albus.** The first two characteristics are similar to A., but their color is white instead of golden.

**C. Streptococcus Pyogenes.** This organism is one in which the individuals are arranged in a chain and which produces pus.



These three organisms are the cause of most of the suppuration which occurs in wounds.

2. *Tubercle Bacillus*. The results of the action of this germ are seen in the terrible suffering and distress of a person with tuberculosis, or consumption, as it is called, when the lungs are the principal seat of disease. Many of the bone-and-joint diseases, such as hip-joint disease, Pott's disease of the spine and tubercular knee or ankle are also caused by it.

3. *Klebe-Loeffleur Bacillus*. By being inhaled with the air or taken in with the food, this organism comes in contact with the throat and produces diphtheria.

4. *Diplococcus Pneumoniae*. Pneumonia is caused by it.

5. *Bacillus Typhosus*. This acts on the intestines and typhoid fever occurs.

6. *Bacillus Tetani*. This is the most deadly of all bacteria. It produces lock-jaw and convulsions when it gets into the system through a wound.

7. *Diplococcus Intracellularis Meningitidis*. Cerebro-spinal meningitis, of which we have been hearing so much lately in the daily press, is due to this organism. An analysis of the name may help you to comprehend its meaning. The cocci are arranged in pairs (*diplococci*) within a shell or capsule (*intra cellularis*), and it causes meningitis (hence *meningitidis*).

How do bacteria get into the system of the human being?

1. *Through the skin or mucous membrane*. When intact these resist the entrance of all bacteria, but the moment there is a break in the surface, such as a cut or scratch, these microscopic organisms are liable to enter the system. Prominent surgeons have lost their lives from blood-poisoning which followed the entrance of some deadly organism through such an insignificant opening as the prick of a needle. We cannot, therefore, be too careful to keep our hands as free from small cuts and abrasions as possible and to disinfect any which may be present after contact with cases in which there is pus.

2. *Through the respiratory or breathing passages*. In this way is inhaled that dreaded organism the tubercle bacillus, which slowly eats away the lungs and causes that hacking and irritating cough, the thin hollow cheeks and the slow life in death, which but few of you have not seen. Pneumonia, influenza and other lung diseases result from the entrance of the organisms in this way.

3. *Through the digestive tract*. Food containing bacteria is swal-



lowed and pass down into the intestines, where the bacteria grow, producing some form of intestinal disease, the commonest example of which is typhoid fever.

As it is inevitable that a great many organisms enter our bodies, we have been provided with certain powers of resisting their action and of eliminating them from our systems. Among the ways in which this is carried out are the following:

A. *By matter or pus*, which results in a wound from the fight between the bacteria and the tissues and in which are washed away many bacteria when the wound is dressed.

B. *By expectoration*, by which bacteria are carried out of the lungs and throat.


C. *By the excretions*, the faeces containing many organisms from the intestines, and the urine those from the kidney and indirectly from the blood.

How do bacteria produce disease after they have gained entrance into the systems?

1. *Mechanically*. Occasionally, bacteria may increase rapidly in the blood-stream and form clumps which plug the smaller blood-vessels or capillaries. This, however, rarely occurs.

2. *By using up the supply of nourishment for their growth*, which ordinarily would supply the tissues of the body. In this way the latter are starved and they consequently undergo marked change, wasting, as they do in all forms of tuberculosis.

3. *By elaborating certain poisons or toxins*, which act either on the tissues locally or on the system generally and produce the characteristic symptoms of the disease. These symptoms, such as the rash, cough, and sore throat, help us to recognize the disease which is present, being fairly constant when produced by a certain toxin of a certain organism. Their severity may vary, however, according to the virulence or strength of the toxin produced, so that we may have what is called either a mild or a severe attack of the disease.



**SUMMER SCHOOL OF COLUMBIA UNIVERSITY.**

As in the two years past, the summer courses at Columbia University, New York City, include three sets of lectures of interest to all nurses, which would be most profitable to anyone unable to give time for a long course of study yet anxious to extend her knowledge on certain subjects. The courses in chemistry are of interest to anyone studying foods and food values, and the artificial feeding of babies; those on domestic science cover most of this attractive field; those on physical education broaden and extend the teachings of our training-schools in physiology and anatomy.

The following extracts are from the annual announcement, which will be sent on application. Any nurse who could arrange to attend these or other lectures of the Summer School during July and August, 1906, would be well repaid for her time and expense by the education gained in any subjects she selected for study:

**COLUMBIA UNIVERSITY, SUMMER SESSION, 1906**

The seventh Summer Session of Columbia University will open on Thursday July 5, 1906, and continue until Thursday, August 16, inclusive. No stated exercises are held on Saturday, although in some cases laboratories will be open on that day.

Each course will consist of a minimum of 20 lectures or other exercises, or their equivalent in laboratory or field work.

**COST**

- 1—Registration or matriculation fee (payable but once) ..... \$5.00  
2—Tuition fee (for any course or courses aggregating not more than 6 points, but see p. 14 of catalogue) ..... \$20.00

It is believed that the total expense involved in attendance upon the Summer Session, including tuition fee, but excluding railroad fare, may readily be kept below \$25. In no event need it exceed \$110.

**ACCOMMODATIONS**

A University residence located at 1230 Amsterdam avenue, between one hundred and twentieth and one hundred and twenty-first streets, will be open for the accommodation of the women students of the Summer Session.

A special rate of \$60 is made for the students of the Summer Session, from dinner on Wednesday, July 4, to breakfast on Friday, August 17, inclusive. This rate is payable in advance, and includes room, board, and for residents of Whitelaw Hall, laundry (one dozen plain pieces per week).

**COURSES**

0125—Feminine hygiene and sanitary analysis. Conferences and laboratory work, 15 to 20 hours a week. Professor Sherman.

The work in this course may be selected, according to the time and needs of

the student, from among the following subjects: the quantitative analysis of foods and the physiological products; artificial digestion experiments; the preparation and analysis of modified milk; the determination of heat of combustion by the bomb calorimeter; any of the organic or sanitary analyses included in Course 13 (see Announcement of the Division of Chemistry).

**cF—Chemistry of nutrition.** 5 hours lectures and collateral reading, 1 point  
Professor Sherman.

This course presupposes a knowledge of elementary organic chemistry and deals mainly with the functions of the proteids, fats, and carbohydrates in nutrition and the analytical and experimental methods by which the quantitative composition and nutritive values of food are determined. It includes a critical study of the methods and results of recent investigations in food chemistry and human nutrition.

This course may be taken with a13a, with a20, or any of the courses in Domestic Science given at Teachers College.

**a13b—Organic chemistry laboratory course.** 1 point. Dr. Beans.

This course is a study of the typical reactions of organic compounds with special reference to the relations existing between them. Among the compounds prepared are the following: chloroform, ether, urea, nitrobenzene, anilin, salicylic acid, methyl orange, saccharose, quinalin, etc.

The laboratory work can be varied, depending on the time and needs of the student, the maximum being thirty hours per week.

#### DOMESTIC SCIENCE

**a1—Foods.** Lectures, laboratory work, essays, and collateral reading; 4 points.  
Miss Benton. Laboratory fee, \$6.

This course covers the following general topics: The composition and nutritive values of foods; fundamental principles and processes of cooking; comparative study of food and cooking apparatus; marketing. It is designed to give a thorough knowledge of theory and practice in cooking and to aid the student in arranging subject-matter for teaching. Special attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school.

This course will be continued in the Summer Session of 1907.

**a2—Food production and manufacture.** Lectures, reading, and excursions; 3 points. Professor Veltz.

This course covers the following special topics: cereals, preparation of meals, dress and patented products; composition and use of leavening agents; bread, blanch, and pastry; treatment of vegetables and fruits; jellies and preserves; oils and fatty bodies; water for drinking and detergent use, including mineral waters and non-alcoholic beverages.

This course will be continued in the Summer Session of 1907.

**a3—Household chemistry.** Lectures, reading, and laboratory work; 3 points.  
Professor Veltz.

This is a course of instruction designed to present a study of the more important food principles, including sugars, starches, proteids, fats, mineral salts, special attention being given to the changes taking place during domestic manipulation and digestion; examination of water for domestic purposes.

Students are recommended to take the lectures in Chemistry aF as supplementary to this course.

Students who have had the equivalent of this course will be given the opportunity to pursue advanced studies in the chemistry of foods and stimulants in the laboratory.

Laboratory fee, \$5.

This course will be continued in the Summer Session of 1937.

c9—Household mechanics and sanitation. Lectures, conference, and collateral reading; 3 points. Professor Vukle.

This course includes discussion of the following topics: The situation, plan, and construction of the city and country dwelling; the relative cost of various types; design and care of the systems of plumbing, lighting, heating, and ventilation; interior and exterior decoration.

This course will be continued in the Summer Session of 1937.

#### PHYSICAL EDUCATION

c57—Personal hygiene and first aid to the injured. Lectures and practical work; 3 points. Professor Maylan.

This course considers personal health as a problem in vital economics; the human body as an organic machine, and the aim of personal hygiene to be the provision of the most efficient body mechanism for the life-needs of the individual. The topics include the argument for the careful study of health and hygiene; ideals of health influencing different peoples; structure and functions of the human body; changes in the organism due to evolution and civilization and the health problems arising from these changes; conditions necessary to the perfect state of the body and the activity of the various functions; causes of weakness, injury, degeneration, and disease; improvement of health and prevention of disease by hygienic means; methods of first aid to the injured.

c108—Anthropometry, diagnosis, and prescription of corrective exercises. Lectures and practical work; 2 points. Professor Maylan.

This course deals with the practical methods of studying the human organism; of determining its conditions and needs, and of applying the various measures indicated for normal development, improvement of health and strength, correction of deformities, prevention and cure of certain forms of disease. This course includes the following: Recording of personal and family history; measuring and testing the body; observation of organic conditions and physical signs; theory and tabulation of statistics; use of graphic methods for representing bodily conditions and changes; individual prescription of exercise and hygienic regimen, corrective exercises for common deformities, such as round shoulders and spinal curvature; adaptation of movements for functional disorders and special nervous conditions. There will be practical work for all students.

## PRACTICAL SUGGESTIONS

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[Nurses interested in this column are asked to send contributions for it.]

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In giving a mustard bath, if the required amount of mustard to be used is put in a small muslin bag, and then put in the water and stirred about and squeezed, it will be found to be the simplest and easiest method; if put in the water without the bag it is so apt to take some time to dissolve the lumps.—M. B.

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To keep an ice-bag in position, use a bandage or wide piece of muslin, making a hole in the centre of it just large enough for the little round cap to be admitted, then bandage two or three times around, leaving the cap free.—M. B.

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In giving a hot-air bath, it is most important to remember the pitcher of water to stand at the foot of the bed in case of fire.—M. B.

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I was very much interested the other day in seeing, for the first time, a mattress turned under a helpless patient. I wonder whether I can make clear how it was done. Remove the pillows from the bed (keeping two near you), and all bed clothes except sufficient to protect the patient, leaving the under sheet which must be rolled in such a way as to enable the nurses to lift, or draw, the patient in it. Then let one nurse draw the mattress and patient well over, so that there is room made on the bed-spring for the two pillows to be placed lengthwise. Then let the nurses, one on each side of the bed, lift together the patient onto the pillows; the mattress is then turned by the nurse on the opposite side to the patient, the patient again lifted on the mattress, pillows removed, and the mattress, with the patient, drawn over into its proper place again.—M. B.

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A VERY simple way to sterilize a hypodermic needle, or anything of the kind, is to boil it in a small test-tube over a flame.—M. B.



UTENSILS which must be prepared hastily for an emergency can be sterilized by coating them with alcohol, which is then ignited and allowed to burn itself out. Glass receptacles will crack if treated in this manner.—M. E.

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AN infant's knit abdominal band will keep its elasticity better if, when it is washed, it is thoroughly wrung dry by hand and then left in a twisted roll to dry, not straightened out or hung up.

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IF a nursing mother has not sufficient food for her baby, it is better to piece out each nursing by a sufficient amount of the artificial food ordered rather than to alternate the nursing and feeding. When the latter method is used, the supply of natural food diminishes, as the demand for it is less.

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IT is not generally known that tea has the property possessed by butter and milk of absorbing the odor of other food. It should, therefore, be kept in a tightly-closed canister.

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MANICURE scissors, with the points turned up, are safest to use in cutting the pubic hair.—J. T.

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PERFORATED china dish covers, such as are sometimes used for toast, should cover all plates holding hot food on a patient's tray.—J. T.

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IF any of the readers of the JOURNAL have been asked to secure a specimen of urine from a sick baby and have been puzzled how to obtain it, perhaps my experience in this may help them. To secure a specimen from a boy baby is not difficult, but with a girl I have managed in this way: A baby will almost invariably pass its water either during sleep or on first awakening, and if the diaper is left loose, and a cup with a thick round edge is placed inside, then when the baby awakes you have your specimen.—H. E. S.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



**A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE.** For Use in Training-Schools for Attendants and Nurses and in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. Burr, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association; of the American Medical Association; Foreign Associate Member Société Médico-Psychologique of Paris, etc. *Third edition.* Thoroughly revised, with illustrations. Pages viii-183, 12mo. Bound in extra vellum cloth, \$1.25 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Nothing could be simpler than this modestly-named primer, and yet the subject is not in the least degree attenuated or lifeless.

The first two-thirds of the book are devoted to Psychology and Insanity respectively. The last third is comprised in two chapters,—“Management of Cases of Insanity from the Medical Standpoint,” and “Management of Cases of Insanity from the Nursing Standpoint.”

All through the book one feels that the author has more than the ordinary measure of generosity in his makeup, and his closing lines very pleasantly confirm our conjectures: “From among nurses caring for insane whom I have known there might be constituted a large army of men and women, than whom none could be more loyal, true, devoted, and self-sacrificing. If their merits have sometimes seemed to fall of appreciation they are at least entitled to the comfort that springs from the reflection: ‘Charity ever finds in the act reward.’”

**THE EXAMINATION OF THE FUNCTION OF THE INTESTINES BY MEANS OF THE TEST-DIET:** Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Prof. Dr. Adolf Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized translation from the latest German edition, by

Charles D. Aaron, M.D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece plate in colors. Crown octavo, 91 pages, extra cloth. Price, \$1.00, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

Nurses will all agree that no more interesting reading than Dr. Schmidt's translation very often comes to us from the strictly scientific fields. This is all the more amazing when one considers the rather slender topic under discussion. One remembers the title of the old fairy tale, "Soup from a Sausage-pig," and what a wonderful history it was, despite its name. This book too takes one farther afield than its title would lead one to expect, and shows many wonderful and interesting things by the way.

A noticeable feature of the book is the frequent naming of references, indicating a tremendous army of professional men engaged in research work—a sort of aristocracy of the profession.

**DISTETICS FOR NURSES.** By Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach, in the College of Physicians and Surgeons, Baltimore, and John Ruhrah, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore.

This is exactly the book for which nurses and others have long and vainly sought. A simple manual of dietetics, which does not turn into a cook-book at the end of the first or second chapter. If one wanted to grumble one might justly complain that the chapter on "Chemistry and Physiology of Digestion" is rather poor, but every nurse is probably well up on the subject, and possibly no one will miss what is lacking. Moreover, we are hidden if we would know more to consult the larger work, "Diet in Health and Disease," by the same authors. There are occasional digressions from the beaten track which make the book much more valuable than it would be without them. We need only mention two—the technique of the rest cure, and the treatment of nausea in anesthesia—to show that they are not so foreign to the subject under discussion as to hint at a possible transformation of Julius and John into Julia and Joanna. The feeding of infants both healthy and sick is very thoroughly discussed, also the diet of the aged, as well as the diet of patients suffering from diseases in which the nursing is largely a matter of skill and tact on

the part of the attendant, who has often a very restricted diet list to work with. Rectal feeding and feeding by means of stomach-tube are fully described, and the dietetic management of surgical cases. It is always a pleasure to recommend a good book and help make it known, and we feel sure this one will make many friends for itself.

**THE OPERATING-ROOM AND THE PATIENT.** By Russell Fowler, M.D.  
Surgeon to the German Hospital, Brooklyn, N. Y. W. B. Saunders Co., Philadelphia. Price \$2.00.

This is a manual for use in hospitals particularly and as such is a master work of its kind. The most minute appointment of the operating-room, the instrument-room, the supply-room, the room for anesthesia and the patients' room is discussed. There is also a comprehensive listing of instruments for eighty-two different operations. The preparation of supplies and the care of the same, and also of appliances and instruments, are given careful consideration.

Those who like a book for its handsome exterior and dote upon a good-looking book, are sure to find this one out. The binding is very smart, and the paper, printing, etc., all above the average used for this kind of book.

**NURSING IN THE ACUTE INFECTIOUS FEVERS.** By George P. Paul, M.D., Assistant Visiting Physician and Adjunct Radiographer to the Samaritan Hospital, Troy, N. Y. 12mo. 200 pages, illustrated. Philadelphia and London. W. B. Saunders & Co. Price \$1.00.

Dr. Paul's book makes a welcome addition to the nurse's library. On somewhat different lines to the *Fever Nursing* of Doctor Wilcox, which appeared last year (Blakistons, Phila.), the two books supplement each other and make good library companions. Dr. Paul divides his work into three parts: The first treats of fevers in general, the types, and the treatment; the diet of fever patients; the means used for reduction of temperature, etc. Part second treats of fevers, particularly typhoid; smallpox; epidemic cerebrospinal meningitis, and so on down the list. In this part lies a great deal of the merit of the book. Part three discusses special treatment in the management of some of the foregoing, as the use of antitoxins, blood-testing, also the examination of urine.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



### GERMAN REGISTRATION

Sister Agnes Barll, in a recent number of the *German Nurses Journal* discusses editorially the passage of the recently secured Registration Act in Germany. She says that although it only fixes one year's training yet it must be regarded as a substantial reform, because so many influences have been at work creating deplorable conditions in German nursing, that numerous three-months' and six-weeks' pretended courses of training have sprung into existence. It seems that even in Germany, the home of scientific education and thoroughness, the pecuniary profits in exploiting nurses and their work have been discerned, and grasped—sometimes by pure charlatans posing as Masseur-Nurses and Health-Doctors; sometimes, it is most discouraging to know, by reputable physicians themselves, who have condescended to a quackery in nursing that they would resent in medicine. Sister Agnes thinks the prospects now most hopeful, and as the German government has a way of having its law obeyed, we are sure that secular, educated nurses in Germany will now have a rising tide of progress.

The German Registration Act is in some points an encouraging, in others a sadly discouraging, document. It is good on its practical technical side, but a perfect sample of Old World matter-of-course autoocracy in its ignoring of the worker as anything but a cog in the wheel. Not a shadow of representation or sharing in conclusions is accorded to the nurses.

It is excellently practical and presupposes no small amount of medical knowledge. The demonstration test is the most unusual and interesting feature of the bill. For this the applicants (not more than six are examined in one group) are placed for three days in a hospital designated, when the examination is held. Here they each are put in charge of a patient for the greater part of the three days, including one night duty. There are, further, demonstrations in surgery, first aid, bathing, operating-room technique and assistance, etc.



The main features of the act are: The general control is given to the civil governments of the states, and training-schools in state hospitals (or in those recognized by the state in this respect) are eligible to send graduates to the state examination. Just what lines the state will draw in granting recognition, or how it will investigate or inspect, is not set forth.

The civil authorities will select the physicians, three in a group, who will conduct the examinations on lines closely specified in the Act.

One year's training course is required, but exceptions may be made of nurses who have not studied in recognized schools, but who in the judgment of the civil authorities have had equivalent training.

The defects of this bill are obvious, prominent being the limitation to one year, which is very possibly due to a wish to let all the military and naval service men through (for they figure prominently).

Every one knows that a one-year's course means a superficial training. As a matter of fact, all of the best German schools, though counting only one year for training, give their nurses from three to five years' hospital service.

The good thing in the German situation is that government officials in Germany are of a high type of civic virtue and work from a sense of duty and public responsibility. "Graft" and "pull" are all but unknown, and the German law will be administered seriously. Some of the most sympathetic and liberal supporters of nursing reform in Germany are laymen in high official positions.

The best medical men there also often in practise accord to the women nurses a consideration that they would perhaps not be willing to see on paper, for in Germany, as in some places nearer home, the men like to seem to be doing everything of their own motion. As we have formerly mentioned, certain medical men in Germany have sinned against ethics and good standards in nursing, by yielding to the commercial temptation, and thus a certain amount of odium has attached to them as well as to the victims of their sham courses.

These bogus courses will have an emphatic set-back under the new law.

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### THE ENGLISH REGISTRATION MOVEMENT

A DEPUTATION of representative nurses, medical men, and lay supporters of registration was received early in March by the president of the Privy Council, the Earl of Crewe, who gave a sympathetic

bearing to the addresses made and the arguments presented in favor of legal status for nurses. The deputation included Mrs. Bedford Fenwick, secretary of the State Society; Miss Haldane, of the Scottish Registration Committee; Miss Hampson, the president of the Irish Nurses' Association; Miss Peter, late Superintendent of the Queen Victoria Jubilee Institute for Nurses; Miss Pearce, Miss Mollett, Miss Barton, Miss Forrest, all representing hospital and nursing interests; and Miss Bray, the secretary of the Matron's Council. Lady Helen Munro Ferguson, whose assistance has been of a most effective and unremitting character, and Mrs. Garrett Fawcett were among the lay members, and Dr. Bedford Fenwick, Dr. H. Langley Browne, and Sir James Crichton Browne represented the medical profession. The deputation was cordially received by the president of the Privy Council, who said in his reply to the addresses that the uniform of the nurse carried with it a prestige only enjoyed in the case of "the inferior sex" by His Majesty's Navy, and it was important that its honor should be upheld. He assured the deputation that a registration bill, if introduced, would receive the "benevolent attention of the government."

Thus another important step in the highly picturesque and extraordinary road toward their goal has been taken by the nurses of Great Britain. When registration finally comes, we hope the leaders of this most determined and intelligent movement will write a complete history of its whole inception and progress.

#### RAISING THE STANDARD IN THE ENGLISH ARMY NURSING SERVICE

THE English Military Nursing Service has instituted an excellent and practical examination test for matrons, and after February all sisters, before promotion to the rank of matron, will be required to pass this examination. The *British Journal of Nursing* summarizes the eligibility qualifications for this examination as follows:

The completion of five year's service in the rank of sister in the military service.

The submission of a certificate that, during the twelve months previous to the date on which the examination is held, the candidate has undergone special instruction by a matron in the matron's duties for a period of two months, or has discharged matron's duties for the same period. This certificate is to be signed by the matron of the hospital in which the sister is serving.

To enable candidates to procure the necessary certificate of administrative capacity, sisters of four years' service and over may at their own request undergo a two month's course of special instruction in matron's duties.

The board of examiners will consist of a principal matron as president, and two military matrons as members. For stations abroad a board will be appointed to conduct the oral examination under arrangements made by the director-general. The written examination will be supervised by a local board consisting of a matron as president and two sisters as members.

The examination will be written and oral; the written portion will consist of four questions, for which three hours will be allowed.

The time allowed for the oral portion will be fifteen minutes.

The examination will consist of questions bearing on the following subjects:

PART I. (a) The regulations affecting the army nursing service, and the relations of its members to the medical officers, nursing staff, and patients of hospitals; method of conducting official correspondence and of keeping accounts.

(b) The distribution of duties of the nursing personnel in hospitals in peace and war, and the numerical proportion of nursing staff to patients under varying circumstances.

(c) The special circumstances affecting nursing in hospitals in the field, hospital ships, ambulance trains, convalescent establishments.

(d) Responsibilities of nursing staff as to equipment, bedding, and linen.

(e) The supervision of nursing quarters and their domestic economy.

(f) The sanitation, in accordance with the regulations, of all premises under their charge; ventilation, warming, and methods of cleaning.

(g) Precautions necessary in connection with nursing of cases of infectious diseases.

(h) The nursing in hospitals for women and children.

PART II. To deliver, before the examiners, a lecture adapted to the training of orderlies, royal army medical corps, on one of the subjects laid down in the syllabus contained in standing orders for royal army medical corps, Appendix 2.

The time allotted to this lecture should not exceed forty-five minutes.

Written questions on the lecture (suitable for the orderlies attending the same) must be handed in at the time of examination.

#### MARKS FOR THE EXAMINATION.

Written .....	75
Oral .....	50
Lecture .....	25
	—
Total .....	150
	—

50 per cent. of the total marks are necessary to pass.

There has died recently at the Convent, Wigton, Cumberland, in the eighty-second year of her age, one of the few remaining nurses of the Crimean War, Mother Mary de Chantal, R. R. C., known in the world as Maria Louisa Huddon. Miss Huddon entered the Convent of Mercy, Bermondsey, in the year 1851, and with other members of her community went out to the Crimea in 1854, serving for eighteen months under Miss Florence Nightingale.

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Miss Margaret J. Edmunds, a graduate of the University Hospital in Ann Arbor, '04, now one of three foreign-born trained nurses in Korea, introduces us by photographs to the members of Korea's first native training-school for nurses—Miss Grace Yoo, Mrs. Martha Kim, Mrs. Ella Kim and Mrs. Mattie Chung. The name of their training-school is Po Ku Nyo Kean, at Seoul, Korea.

We greet warmly these charming young Oriental sisters, and hope to hear more from Miss Edmunds of her work among them.



Po Ksa Mye Kwan Training School for Nurses, Seoul, Korea. Margaret J. Edmunds, Superintendent, Graduate of  
 University Hospital, Ann Arbor, Mich., Class '09.  
 Pupils of the first native training-school for nurses are as follows: Miss Grace Yoo, Mrs. Martha Kim, Mrs. Ellen  
 Kim, Mrs. Wai-ye Chang. Work among these young women is very encouraging.





## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**THE TREATMENT OF EPISTAXIS.**—The *Medical Record* quoting from *Nouvelles Remèdes*, says: Mendini recommends the introduction into the bleeding nasal passage of a tampon soaked with one part of a 1-1000 adrenalin solution and ten parts of salt solution, if this does not control the hæmorrhage the passage must be packed with strips of gauze. In most cases this will be sufficient and it is rarely necessary to place a tampon in the posterior nares. In removing the tampons it is advisable, after the first few strips have been taken out, to drop into the nostril a small quantity of a solution composed of cocaine hydrochlorate one-fifth, 1-1000 adrenalin solution one, and distilled water ten. The vasoconstriction caused by this application produces enough shrinkage of the nasal mucosa to permit the tampon to be removed *in toto* without difficulty.

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**THE USE OF OIL ENEMATA FOR CHRONIC CONSTIPATION IN INFANTS.**—The *Medical Record*, in an abstract of a paper in *Deutsche Medicinische Wochenschrift*, says: Wunsch speaks highly of the use of injections of olive oil as a means of securing a cure in cases of obstinate constipation in nursing infants. The causes of the condition are numerous, but frequently in spite of all possible attention to the mother's diet, the hygiene of the infant's anus, etc., and the application of the customary remedies, including ordinary enemata, suppositories, abdominal massage, laxative drugs, etc., attempts to cure the difficulty are ineffectual. In these cases the use of an enema of olive oil repeated about every other day for a certain length of time may bring about a normal activity of the bowels. In illustration the author describes a case which had baffled all other means of treatment but remained permanently cured after eight injections of olive oil.

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**MOIST GAUZE DRESSING.**—The *Indian Medical Record* says: Experiments by Dr. Noetzel have demonstrated what is well known

o surgeons—that the secretions of a wound are drawn up into a moist dressing better than into a dry one. In Dr. Nostel's experiments virulent anthrax bacilli placed upon an artificial wound in rabbits were absorbed into moist dressings and the infection of the animals was prevented. While both moist and dry dressings were effective in the destruction of germ life, the germs were drawn up into the outer layers of moist gauze, while they were found only in the layers closest to the wound in the dry dressings.

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**NOCTURNAL ENURESIS.**—The *New York Medical Journal*, quoting from *The Practitioner*, says: De Boinville concludes that this condition commonly occurs in weak, excitable children. It is found among all classes, is more common in boys than in girls, while in adults it is more common among women. It is often associated with a local irritative process, such as thread worms in the rectum, and is more frequent in those who lie on the back during sleep. It may be a symptom of organic disease of a serious nature.

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**DIARRHEAS IN CHILDREN.**—The *Journal of the American Medical Association* says: In outlining the course of treatment of diarrheas in children J. H. Buffum, in *Vermont Medical Monthly*, states that in a general way all the infectious diarrheas of childhood should be treated in a similar manner. The first essential is cleanliness, together with a cool, quiet room, and an abundance of fresh air. Early in the disease all food, even breast milk, should be withheld. During the first twenty-four hours nothing should be given except a little cold boiled water, with the addition rarely, in cases of great prostration, of a little brandy or whiskey. In some cases the stomach may be so irritable as to be unable to retain any substance, consequently it may be necessary to give stimulants hypodermically. If the case is seen sufficiently early, a dose of castor oil is recommended to clear the alimentary tract and, consequently, to shorten the course of the disease. When vomiting is severe, however, calomel in small doses is preferable. Irrigation of the bowels with a normal salt solution is of value, as it assists in the removal of toxic products from the intestines, and serves to quiet the thirst and to supply the necessary fluid to the tissues. The temperature of the fluid used should vary as indicated by the patient's condition. If the vomiting should con-

times beyond twenty-four hours, some authorities recommend washing out the stomach, and that this procedure be followed by administration of small doses of calomel. Hot packs are recommended in cases of prostration. In some cases the vomiting and purging may be so severe as to demand morphin and atropin hypodermically. When this is necessary he recommends morphin gr. 1-100, and atropin gr. 1-800, for a child 1 year of age. When, in the judgment of the physician, food can be borne by the stomach, Buffum recommends barley water or albumin water, together with beef, mutton or chicken broth, either administered alone or in combination. These feedings should be two or three hours apart, and in amount one-fourth to one-half the normal. Bismuth is recommended to allay the vomiting and the tonemus, as it is both a sedative and an intestinal antiseptic. In children it should be given suspended in mucilage, or in older children it may be given in powder form. He does not think much of the intestinal antiseptics commonly recommended.

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**Whooping Cough.**—Dr. Adolph Decker, of Chicago, writing in the *New York Medical Journal*, says: The best remedy is naphthalin. About half an ounce of naphthalin is put into a saucer and slowly heated by means of a small alcohol lamp; gas or kerosene may just as well be used, but care must be taken that the flame does not reach the powder itself. In about ten or fifteen minutes a white vapor is produced which, when inhaled, lessens the severity and the number of the attacks, and in some cases prevents them altogether for many hours. The patient must not be brought near the naphthalin, it is sufficient that he is in the same room. One or two applications in twenty-four hours will generally suffice. As an adjuvant a mixture containing belladonna and antipyrine is given internally. At the same time a bandage is put around the lower part of the chest as tight as the patient can stand it, but not so tight that it would interfere with the breathing. The general health of the patient must be looked to and a rational diet prescribed. But it is criminal to advise change of air, on account of the contagiousness and the grave nature of this disease.

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this department.]*

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DEAR EDITOR: I am extremely interested in your Editorial Comment (April number) on skilled nursing care for the "great middle class," and also in your question, "What are we going to do about it?" I am still more intensely interested in the economic condition of women.

Why do you call the "trades-union rate of charge" an evil? If it were not for this trades union, or rather organization of specialized labor, nurses would still be receiving the "starvation wage" which is, at this present hour, perhaps responsible for more than half—or shall I say three-quarters?—of all the sin, sickness, sorrow and necessity for nurses, that there is in the world.

You speak of "giving services, as humiliating," but are you not as surely giving seventeen or fifteen or ten dollars a week to the mechanic or bookkeeper if you can earn twenty-five dollars a week elsewhere, and are working for him at eight or ten or fifteen dollars?

Regardless of physicians' compensations, why should you, if morality be the battle-cry, over charge the rich any more than under-charge the poor? By accepting eight or ten or fifteen dollars a week, and stating no humiliating suggestion of charity is offered, do we not proclaim to the public that we are worth no more? Will it not be a most serious result if, after a time, we find we can command no more? Can nurses be economically independent at eight or ten or fifteen dollars a week? If so, let us by all means allow all humanity the privilege of lowered rates. If not, is it not a short-sighted policy to work for the "benefit of humanity," and by so doing defeat our purpose and be thrown later on in our lives as "objects of charity" upon this self-same confessed humanity?

As for the nurses of Toronto meeting this demand, is it not a well-known fact that nurses in Canada cannot command a "living wage," and does this not account for the great number of Canadian nurses in America who are here not only as our most honored leaders, but as wage-earners?

A central directory in a fair-sized community will surely be of some assistance in providing those of moderate income with skilled



nursing. It will bring together all conditions of nurses, among whom will be some women who are not entirely dependent upon nursing for their livelihood. Upon these women should fall the responsibility of nursing "the middle classes" at lowered rates. The rank and file of nurses who are earning twenty-five dollars a week by private nursing are not only supporting themselves entirely, but many are assisting a brother or sister through school or college, or helping their own who are not in a position to work. Is not this a most natural and sane manner of benefiting humanity? We must realize that by working forty-five weeks out of every year for fifteen years at this trades-union rate (and not many women are able to nurse longer) a woman can only save about ten thousand dollars, and then unless she cares to spend the principal, this will only yield her from four hundred to five hundred dollars a year. Will you blame me for my anxiety?

MARY BARTLETT DIXON,  
Registered Nurse, Maryland.

[This writer has missed the point of our argument. If nursing is a trade, the union rate of charge is right. If it is to be a profession, the union rate must go.—Ed.]

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DEAR EDITOR: It was with a great deal of pleasure that I saw Miss Hanson come forward with her ideas in the April JOURNAL in regard to conditions in the Army. Her view of the matter so entirely coincides with my own that I most heartily endorse all that she said and shall not go into extra details; but should like to say that in case of future war or national calamity this question of nurses for the army should be settled now and for all time. And who are more competent to do this than the nurses who first entered the service? When the Surgeon General first sent out an appeal for volunteers for an emergency service I was too ill to take an interest in the matter. Then later I was amused at the many fault-findings in regard to the treatment some nurses had received while in the service. I am inclined to think that these complaints now come usually from nurses who had done very little work in the early days of the war. I am sorry for them, and hope others besides Miss Hanson will have something of the good side as well as the bad to tell. When the first call for nurses was made in 1898 I had the pleasure to be called to Sternberg Hospital, Chickamauga, Georgia, where no doubt we had things much better, considering the early date, than in the other camps. We had a good Commanding Officer and a most capable Chief Nurse.

Mrs. Whitelaw Reid and Mrs. W. Cowdin sent us often many luxuries for our own as well as for our patients' comfort.

In December '98, I received orders from Washington to proceed to the Philippines, and *en route* stayed at the Presidio for a while awaiting passage on the transport, and here things were indeed very different from Sternberg Hospital, where we had had none but graduate nurses. At the Presidio it seems they had managed to gather together a lot of women of all kinds. A very few were trained, many had never seen a sick-room before. After a time order was brought out of a very badly-run hospital. The nurses were made comfortable and were well treated.

Miss Hasson mentioned some of our medical officers, whom it certainly was a pleasure to know, and we had many of them, more good than bad by far—General Woodhall, for instance to whom we owed our good quarters in Manila and many other things, and I only want to add to Miss Hasson's list Major Meecham, who later lost his life when in charge of the Health Department in Manila. A kinder man never lived, and I could mention many others who not only appreciated our work but did all they could to make us comfortable. The pioneer nurses in the Philippines had by no means an easy time, but it was not by any fault of the government. Consider the hurried preparation for war and the great distance from our own country to the far East, and also that in this new field we had to have everything sent to us from home; for it was simply out of the question in those days to get anything there which we could use for the patients or ourselves. By September, '99, however, we were established in our nice home on Calle San Miguel, and Miss Mary McCloud, a very superior woman, was sent out as Chief Nurse, and we were made as happy and comfortable as we could with any reason expect. December '99, six of us were selected to go to Dagupan, Northern Luzon, and open up a hospital. This seemed a little hard when we had just gotten so nicely settled in Manila, and we felt we should have to rough it anew for awhile, for here was a great deal of war raging and it was not very safe. Dagupan can be reached by train usually, but we were sent up by water on an old Spanish boat and it took three days. And here again we had the kind consideration of Major Dugan. We finally arrived safely at Dagupan, but the supplies which were supposed to have been sent some time before us did not arrive for several weeks and we had to live like real soldiers for a while.

Arriving at Dagupan we found that no quarters of any kind had been provided, so a native house was hurriedly gotten ready, and

with one table, two chairs and one long bench for furniture we moved in. Some of the old-time army cots, which are like a hammock with a stick across the middle, were to be our beds until our supplies came. Most of us did what I have so often seen Indian patients do—get out of bed and roll themselves in an army blanket and sleep on the floor. With this and a straight army ration we had to be contented for awhile.

This was not very pleasant to endure, but we had not much time to think about ourselves, for across the way were about 250 wounded men awaiting us. It may seem funny but on Christmas Day that year we did not remember until almost evening that it was the day of all days in the year that we look forward to, not only for good times but a good dinner, and here we were, with nothing but beans, bacon, salmon, hardtack, and coffee, and for our patients malted milk. But the Commanding Officer in another house had nothing any better, so it was no use to complain and we knew that just as soon as Col. Greenleaf could he would get things through to us, which he did. But never have I felt happier and more appreciative than I did in those days.

One of our nurses was taken down with typhoid fever; otherwise we kept pretty well. You will ask, what kept us up on such food from 12 to 20 hours hard duty? I think it may have been the thought of being really needed and a patriotic heart. The nurses who did not enter on their army work until 1900 can know nothing of what we earlier ones had to contend with. However, I am happy and proud to think I was one among the first, and should our country need me again I should most surely be one of the first to offer my services, no matter who were over or under me. And let me assure those who are afraid of hard work and other hardships, that never again will you have to face the same disadvantages we did, for your way is paved for you and the best government in the world will recognize your labor and skill.

TERESA ERICKSON.

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DEAR EDITOR: Trusting my letter may be of some assistance to the nurse who finds herself in a quandary on beginning private nursing, I shall endeavor to assist her with my own experience. Every nurse is, I think, troubled at first, not by the real serious work of nursing but by the little minor details the right performance of which goes to make a successful nurse. No nurse is anxious to make

any radical changes in the general routine work, and yet she feels somewhat timid about consulting the older graduates. This should not be so, as I do not doubt the greater number of nurses who have been practicing private nursing have all had the same uncertain feeling and would be pleased to help the younger graduates if consulted. This feeling is especially true of obstetrical nursing. In regard to the washing of napkins, I have never found it necessary to do so, nor has it ever been required of me. At the same time I think the nurse should be as considerate as possible of the person who may be attending to that part of the work. I find, in most families, it is quite easy to procure old, soft, table napkins and table-cloth, which can be cut in squares and folded inside the diaper; and when changed and found soiled, can be thrown away, or washed and used again, according to circumstances. If I find it impossible to procure the old linen or gauze, the diaper may be rinsed in a vessel of cold water and then put to soak in lukewarm water. In that way, I have never had any objections offered by the maid who attends to the washing of them. Regarding the taking of the baby out on the street in a baby carriage, with uniform or otherwise, I do not think it the duty of the trained nurse to do so. Very young babies (the usual time when the trained nurse is in attendance) are not as a rule taken out, as with the care of mother, baby, food, and other things, the nurse has quite enough to attend to. In the case of an older child, who by illness may require the services of a nurse, it is I think the duty of the nurse to see that the child gets the necessary amount of fresh air, which may be had on the porch or grounds, if in the country; but if in the city, it certainly complicates matters. However, as there is usually a nurse girl in attendance, if the trained nurse looks after the proper wrappings, with the necessary cautions to the nurse girl, I see no reason why she should be required to take the child for its airing. There may be many nurses who differ with me on this subject; if so, it will be pleasant to hear from them. We can never adhere to cast-iron rules on any one subject, for I certainly feel, were it absolutely necessary that we should do so in order to insure a safe recovery for the infant in charge, self would have to be left out of the question, and however distasteful, take the infant out. This would be a good subject for discussion by some of our older graduates. Let us hear from them.

M. F. L.

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

### THE NURSES' ASSOCIATED ALUMNÆ

THE ninth annual convention of the Nurses' Associated Alumnae of the United States will be held in Detroit, Michigan, on Tuesday, Wednesday, and Thursday, June 3, 4, and 7, 1906.

Headquarters of the convention will be the Young Women's Christian Association Building, corner of Washington Avenue and Clifford Street. Luncheon will be served there daily for 35 cents, providing notification is given the day previous.

The books will be open for the registration of delegates on Tuesday, June 5th, from half-past eight until twelve o'clock, noon, and from one until two.

The convention will be opened at two o'clock sharp.

NELLIE M. CASEY, Secretary.

### SAN FRANCISCO NURSES, ATTENTION

THE San Francisco County Nurses' Association has established a temporary central directory at the home of the secretary, Miss M. L. Sweeney, No. 8 Sanchez street. All nurses resident in this county are requested to register at this directory. This will enable the association to be of greater service to the physicians and to the public in supplying the nurses when needed. As soon as the telephone service is repaired a direct single line will be in the directory and an endeavor will be made to fill all calls promptly. As soon as installed the number of this telephone will be made public. Inquiries are constantly being received in regard to the whereabouts of different nurses and it is important that the secretary should have the present address of all local nurses. The relief committee of the nurses' association request that all contributions for nurses be addressed to this committee at No. 8 Sanchez Street. Contributions of money are the most economical as the committee can then best meet the immediate need of individual nurses. All communications to Miss Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, formerly located in the Voorhees Building, should be sent to the Presidio, care Col. A. B. Dyer.

### STATE MEETINGS

THE third annual meeting of the Graduate Nurses' Association of Connecticut was held at the New Haven Hospital, New Haven, Conn., on May 9, 1906, Mrs. Mary I. Fuller, of Hartford, presiding.

The program was as follows:

Paper, Rev. Edward Hume, of India; Address of Welcome, Supt. Coddington of the New Haven Hospital; Address, The Work of the Nursing Profession in India, by Rev. Edward Hume; Address, How we as Nurses can make State Registration of



Value, by Mrs. Edith Baldwin Lockwood, R.N.; Address, Red Cross Work, by Mrs. Sara T. Kinney, of New Haven.

The afternoon session was occupied by the routine business, reports of committees and election of officers resulting as follows: President, Miss R. Inde Albaugh, superintendent of Grace Hospital, New Haven, Conn.; first vice-president, Miss Martha J. Wilkinson, Hartford, Conn.; second vice president, Miss E. A. Somers, Waterbury; recording secretary, Mrs. Isabelle Wilson, Pine Meadow, Conn.; corresponding secretary, Mrs. Edith Baldwin Lockwood, Goshby, Conn.; treasurer, Miss Rose M. Heaven, New Haven, Conn.; Miss Emma L. Stowe, superintendent Connecticut Training-School for Nurses; Miss Alice M. Smith, Hartford, and Miss Mary L. Bolton, of Bridgeport, to serve with the regular officers on the executive board, and as chairmen of the ways and means, printing, and membership committees respectively.

A vote of thanks was tendered the outgoing officers.

An invitation from New London to hold the next quarterly meeting in that city was accepted.

Both sessions of the meeting were well attended, and interest in the advance of the standards of our profession was manifested.

Nurses are registering rapidly in the State of Connecticut.

#### THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF VIRGINIA

THE Graduate Nurses' Association of Virginia held its sixth annual convention in Lynchburg, May 9, 10 and 11, many nurses from the different portions of the State being present. The first session was held at the "Hill City" Lodge. The address of Welcome was made by Mayor N. C. Mowson. In the absence of the president, Miss Whitelaw, from this county, the address of welcome was responded to by Miss M. Evelyn Boydon, vice-president, of Danville, Va. Dr. R. W. Martin then introduced Miss M. S. Gilmore, superintendent of New York City Training-School, who read a paper on "The Evolution of the Trained Nurse," which had been written by Mrs. Cadwalader Jones, of New York, who was unable to attend, on account of sickness. Dr. Edward S. Peck, chairman of the Board of Examiners of the New York City Training-School, who was next introduced, read a paper on "The Trained Nurse from a Physician's Point of View." This he divided under three heads—The relation of the nurse to the patient; her relation to the physician; and her relation to the family in which she is employed. Dr. Peck also spoke of district work among the poor. He was much pleased with the stand the Virginia Association had taken in regard to the prevention of the spread of tuberculosis. At the conclusion of Dr. Peck's address, Miss Gilmore, by request, read a paper written by Mrs. Jones, upon the "Dignity of the Nursing Profession," in which great stress was laid upon the personality and character of the nurse. She closed by reading the oath administered to the nurses of Bellevue, which is based upon the ancient Hippocratic oath.

The first business session was opened at the Elks' Home, May 10, at 9 A. M. From 9 to 10 was devoted to registration and payment of dues. Miss Boydon, third vice-president, called the meeting to order and the invocation was delivered by Rev. Dr. Jno. J. Loyd, of Grace Memorial Church. The minutes and treasurer's report were read by the secretary. The Chair then called for reports from the committees as follows:

Miss Bangardner, for Sick Benefit Fund; Miss Nannie Minor, Tuberculosis; Miss S. H. Cabaniss, Education; and others with interesting discussions on methods and works.

A most interesting paper was read by Miss S. H. Cabaniss, on "Foreign Hospitals and Nurses."

On the opening of the second business session all unfinished business was taken up and disposed of, after which a Paper on "Small Hospitals" was read by Miss Iona, of Petersburg, and one on "Hospital Economics at Columbian University," by Miss Florence Besby, of University of Virginia. Both papers were delightfully and enthusiastically discussed. The meeting then adjourned to be held in Staunton, Va., 1907.

The social functions included afternoon tea at St. Andrew's Home; tea at the Woman's Club; lecture by Miss Saunders, on "Advance in Woman's Education," and on "Settlement Work," by Miss S. H. Cabaniss; a trolley ride, and the last night a large banquet at the Hotel Corral.

The election of officers was as follows:

President, Miss M. Evelyn Boydon; first vice-president, Miss Ruth Robertson; second vice-president, Miss Elisabeth Moorman; third vice-president, Miss Emma West; corresponding secretary, Miss Nannie Minor; recording secretary, Miss L. N. Ions; treasurer, Miss Florence Besby.

ELIZABETH H. WEBB,  
Secretary.

NEW YORK STATE NURSES' ASSOCIATION.—The fifth annual meeting of the New York State Nurses' Association was held at Albany on Tuesday, April 17, 1906. There were about two hundred members and delegates present. The president, Miss Damer, in her address, compared our law with that in effect in other states and showed what progress had been made in the nursing world during the past five years.

The treasurer's report showed a balance on hand of \$814.31. This led to a discussion about the advisability of reducing the present dues to make them the same as of old—ten cents per capita for societies and one dollar per year for individual members. The delegates were requested to bring this matter before their societies in order that they may be ready to vote upon the question when it comes up again at the next meeting.

The credentials committee presented the following names for membership in the association: The Nurses' Association of Queens and Nassau Counties, membership 21; Albanian Association of the S. R. Smith Infirmary, membership 38; the Graduate Nurses' Association of Onondaga county, membership 110. Thus adding 169 new members to the association.

The by-laws were amended to the effect that we hold but one regular meeting during the year. Other meetings to be called at the discretion of the executive committee whenever a necessity shall arise for doing so.

The legislative committee reported all bills defeated which had come up during the year and were antagonistic to the present nursing act.

The report of the committee on education appeared in the May JOURNAL, showing the splendid work done by this committee in preparing a uniform curriculum for training-schools.

The report of the board of nurse examiners was most interesting. Up to date (April 17) more than 4,004 nurses have been registered by the Regents. The question now arises, have they all registered their certificates at the County Clerk's office? According to statistics compiled by the secretary, they have not.

During the afternoon session the following interesting papers were read and discussed:

A paper by Mr. L. Small Sanford, R. N., on "Registries and Club-Houses for Nurses," was read by Mr. Jackson who, like Mr. Sanford, is a resident of the Mills G. S. Club-House. It was proven by this paper and by the discussion which followed that registries and club-houses for nurses can be and should be conducted successfully by nurses. Not one organization which has tried this plan has failed, and all were enthusiastic in its support.

Miss Ida Palmer, president of the Monroe County Nurses' Association, read a most helpful paper on county associations. They are a necessity and those already organized fill a long-felt want.

The following officers were elected: President, Miss Anna Davis, R. N.; 1st vice-president, Mrs. Gustin Welch, R. N.; 2nd vice-president, Miss Florence E. Poole, R. N.; treasurer, Miss Maria L. Daniels, R. N.; secretary, Miss Frida L. Hartman, R. N.; trustee, Miss Annie Damer, R. N.

An invitation from the A. A. of the House of the Good Shepherd, Syracuse, N. Y., asking the association to hold its next annual meeting in Syracuse, was read and unanimously accepted.

The meeting adjourned to meet again in Syracuse in October, 1907.

FRIDA L. HARTMAN, R. N.,  
Secretary.

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DISTRICT OF COLUMBIA.—The Graduate Nurses' Association of the District of Columbia held its semi-annual meeting May 1, at the Victoria. The reports of the secretary and various committees were presented.

The committee on legislation reported the bill for registration of nurses as having been introduced in the House of Representatives and referred to the subcommittee on the District of Columbia Affairs. A delegate was appointed to the convention of the Nurses' Associated Alumnae of the United States, which will be held in Detroit, Michigan, June 6, 1908.

The question of how the Nurses' Association of the District of Columbia could aid the San Francisco nurses was discussed at length, and at the conclusion a committee was appointed to arrange for a lawn party for the purpose of raising a fund for their benefit. The voting in of 34 new members brings the membership of the association up to 217 members.

Miss L. L. Dock, who has recently been living abroad, gave an interesting talk on the conditions under which nurses in Germany and England are working for the registration of nurses in those countries.

BERTHA ORLO-SUTTER, Secretary.

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THE Graduate Nurses' Examining Board of Virginia will hold semi-annual examinations in Petersburg, Virginia, on Tuesday, June 10, 1908. Applicants are requested to file names with the secretary of the Board, Mrs. L. de L. Hangle, Waverley Boulevard, Portsmouth, Virginia.

**RHODE ISLAND.**—The first annual meeting of the Rhode Island Association of Graduate Nurses was held in the Y. M. C. A. Hall on Wednesday, March 7, 1923. The meeting was called to order by the president, Lucy C. Ayers, at 2.45 P. M. Owing to the absence of Margaret J. MacPherson, the secretary, Mary A. Quinn was appointed secretary pro tem. An address by the president emphasizing the object and needs of the association was followed by the report of the secretary, read by Winifred L. Fitzpatrick, which gave a complete history of the organization of the association, the difficulties encountered, and the work achieved during the year. The treasurer's report, in the absence of Sarah B. Wilcox, was read by Marietta Gardner. The following officers were elected for the coming year: President, Lucy C. Ayers; 1st vice-president, Kate Grant; 2nd vice-president, Rhoda Packard; corresponding secretary, Alice Dexter; recording secretary, Margaret J. MacPherson; treasurer, Mary S. Gardner; executive committee, Winifred L. Fitzpatrick, Sarah B. Wilcox, Harriett P. Churchhill, Ella A. Weaver. Miss Mary Riddle, who was to speak to us of the difficulties to be overcome in obtaining satisfactory legislation for nurses, was unable to be present. Miss Emma L. Stowe, president of board of nurses' examiners in Connecticut, spoke to us of the methods pursued in obtaining the passage of the bill for state registration in Connecticut. She also spoke of the number of nurses who were applying for state certificates. Dr. Helen Putnam spoke of some of the needs for an act to protect graduate nurses in Rhode Island. Many new applications for membership were received.

**COLORADO.**—The Colorado State Trained Nurses' Association held its annual meeting at the Y. W. C. A. Building on May 10. Dr. B. Vonburgh opened the meeting by reading the Twenty-third Psalm and offering prayer. After the reading of the minutes the program followed: Instrumental music, "Rondeau Brillante," Mr. W. F. Dunning; address, by the president, Miss E. J. Margeson; annual reports from the board of directors, secretary, treasurer, and the chairmen of the membership, program and nominating committees, followed by the "First Movement of the Moonlight Sonata," by Mr. W. F. Dunning. The election resulted as follows: President, Miss F. Reed, Boulder; first vice-president, Miss L. Beecroft, Pueblo; second vice-president, Miss A. Hathaway, Denver; secretary, Miss S. S. Harris, Colorado Springs; treasurer, Miss L. Ferrin, Denver. This association is now affiliated with the Associated Alumnae. Lunch was served at the Shirley, and at 4 P. M. Mr. Dunning played the "Wedding Day," by Grieg, and Paderewski's "Minuet," after which Judge Ben B. Lindsey addressed the Association.

**NEW HAMPSHIRE.**—On Monday, April 2, the Graduate Nurses of New Hampshire met at Concord to take steps toward organizing a state association, in view of securing state registration. About 50 nurses were present and a great deal of interest was shown by all. The next meeting will be held at the State Hospital at Concord, May 23, at 11 A. M., when a permanent organization will be formed.

**MASSACHUSETTS.**—At a meeting of the councillors of Mass. State Nurses' Association, May 3, it was voted to contribute \$250 to the California relief fund. A cheque will be sent to Edward T. Devine, agent of the National Red Cross in San Francisco.

## REGULAR MEETINGS

**BOSTON NURSES' CLUB FAIR.**—The Easter fair of the Boston Nurses' Club, held at the club-rooms, 755 Boylston Street, was a pleasant success in every way. The rooms were tastefully arranged and decorated with Easter lilies, and the splendid array of useful and fancy articles on the tables were provided over by white-robed nurses. The proceeds are to be added to the fund for the new club-house. A series of fairs has been planned and the next in order is to be at the Christmas holiday. Twenty (20) members have been detailed to manage this occasion, and all are looking forward to the event with pleasure and hope to realize perhaps more than the \$800 which rewarded the energetic committee of this, the pioneer fair, which was ably handled by Miss Caroline Beadle, chairman, assisted by the following efficient workers: Miss Helen Hall, Miss Stevens and Miss Bond presided over the domestic science table which was well supplied with rugs and other useful articles from Dr. Hall's Sanitarium, of Marblehead. Miss McLeary and Miss Hather reaped a goodly reward from Easter cards. Mrs. Martin served a delicious and well-patronized lunch in the dining-room; the assistants were Miss Mitchell, Miss Louts and Miss Lahely. Dr. Laura Hughes and Miss Anna McCarty had charge of the tea tables. Mrs. Conant presided each afternoon between 4 and 6. Miss Murphy assisted by Miss Donovan and Miss King managed the fancy table, which was more than laden with pretty things. The candy proved a sweet attraction with Miss Dahley at the balance; and Miss Mary Scannell created much interest in the children's table and realized a reasonable sum from the guesses on the name of Miss Dorothy, the doll; while the grab-bag brought forth much mirth and a lively scramble in the direction of the picture table which was well supplied with pretty photographs and prints. The Gipsy Camp was artistically arranged with pine trees, red hangings, and a striking gypsy in the person of Dr. Alice Steeve, who dispensed fate most extravagantly. The palmist, too, was in great demand, and being a professional, worked overtime, netting in the vicinity of twenty-five dollars.

Last, but not least, was the musical part, supplied by Miss Marguerite Morse, whose songs were appreciated by all who attended the fair. Many private contributions were received, and the nurses wish to extend hearty thanks to all.

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**PHILADELPHIA, PA.**—The thirteenth annual meeting of The Alice Fisher Alumni was held Easter Monday, April 16, 1906, at the club house, 804 Pine street, Philadelphia. The meeting was called to order by the president, Miss M. Malloy. There was a full attendance. The address of the president was full of encouragement, and good report of the labors of the year just passed and an incentive for good earnest work in the future.

The usual memorial services were held at Miss Fisher's grave Easter Sunday. The services were conducted by the Rev. Mr. Willis. Nurses from the school and alumnae were present. The flower committee had the grave beautifully decorated.

The new by-laws were read and adopted. Two delegates were elected for the Detroit convention: Mrs. Warmuth and Miss Rindlaub. Ten dollars was voted the Juvenile Court.

The following officers were elected for the ensuing year: President, Miss M. Malloy; vice-president, Miss Rindlaub; second vice-president, Miss M. Lafferty;



secretary, Miss Van Thuyne; treasurer, Mrs. Warmuth; executive committee, Miss M. C. Lewis, Miss Allen, Miss Guernsey.

The alumnae has sent one hundred dollars to the San Francisco sufferers and is going to give a benefit for same.

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**FOUR WAYNE, IND.**—The Hope Hospital Alumnae Association held its annual meeting Tuesday, May 1, when the following statements were made. Twelve regular meetings were held during the year and three special meetings. Nine new members have joined during the year, making a membership of honorary, 1; active, 40; associate, 4. Reports have been given by our delegates to Nurses' Associated Alumnae of the United States, Indiana State Annual Convention, Indiana State Semi-Annual Convention, and to AMERICAN JOURNAL OF NURSING. Our treasurer's report shows an active condition. Aside from being represented in the National Association and Indiana State Association we are taking several nursing journals for our society's benefit, have entertained the Indiana State Association at its semi-annual convention, gave a banquet for Hope Hospital graduating class of nurses, and are still furnishing a room in Hope Hospital called the "Florence Nightingale Room," and have a nucleus for a free bed fund. Program committee reports five original papers by members. Several excellent papers were read from nursing and medical journals and a paper from the Indiana State Semi-Annual Convention. Reports have been given from the conventions attended by one of our delegates. Various cases of interest have been reported at every regular meeting, with exchange of ideas that has been very helpful to all. Social committee reports an entertainment given at Hope Hospital by the president, February 6. A chain of eleven links or eleven members have each written a letter forming a continuous chain of letters to the society.

Our officers elected for the coming year are as follows: President, Mrs. E. G. Fowler (address) Hope Hospital, Ft. Wayne, Ind.; vice-president, Miss Nellie Snider, 1808 E. Washington Street, Ind.; treasurer, Miss M. Dyble, Hope Hospital, Washington Street, Ind.; secretary, Mrs. M. S. Elliott, 1310 Webster Street, Ind.

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**BROOKLYN, N. Y.**—The monthly meeting of the Brooklyn Hospital Training-School Alumnae was held May 1, at 3.30 p.m. Thirty-three members were present. The president announced that a strawberry festival would be given by the Alumnae on May 15, for the benefit of the general fund. Mrs. A. N. Pierce was elected chairman and general manager. The sum of twenty dollars (\$20) was taken up for the benefit of nurses in need in San Francisco. After the meeting Dr. Sabler addressed the members, telling of some wonderful cures obtained by the "law of suggestion," as practiced in his sanitarium in Kingston, N. Y.

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**PROVIDENCE, R. I.**—At the regular meeting of the Rhode Island Alumnae on May 8, arrangements were made to give a dinner and reception to the graduating class. Committees were appointed, also delegates to the Detroit Convention.

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**BOULDER.**—The Boulder County Nurses' Association held its annual meeting on May 1. The following officers were elected: President, Miss C. L. Ham; first vice-president, Miss H. N. Rice; secretary and treasurer, Mr. C. Egnor.

CHICAGO, ILL.—At the twenty-fifth anniversary of the Illinois Training-School the Alumni Association, after free and full discussion adopted the following resolution by a large majority:

*Resolved*, That we, the members of the Alumni Association of the Illinois Training-School for Nurses, form a local association to establish a sinking fund for a Home for Nurses, and do instruct our board of directors to set aside the sum of five hundred dollars (\$500.00) from the money in our treasury for that purpose.

A member of this association may become a member of such association on payment of five dollars (\$5.00) initiation fee and one dollar (\$1.00) annual dues.

The money so set apart and the accumulation thereof, shall be deposited in a savings bank, as a separate and distinct fund, until such time as it shall be practicable to organize a corporation to erect and maintain such Home for Nurses in the State of Illinois, when such fund and its accumulation may be used to purchase stock in such corporation.

At the close of the business meeting the guests entertained were Mrs. Lawrence, Mrs. Dewey, Mrs. Oehmer, Mrs. Nixon, Mrs. Hancock, Dr. Julia Holmes Smith, Mrs. Sanders and Mrs. Rexford, also a few more graduate nurses who are not members. A special anniversary program was presented.

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DENVER, COLO.—An Alumni of the Colorado Training-School for Nurses connected with the City and County Hospital, was organized March 27, 1906. On April 3 a constitution and by-laws were adopted and the following officers elected: Mrs. Arndt, president; Miss L. M. Fowler, first vice-president; Mrs. E. Groom, second vice-president; Mrs. L. B. Cady, secretary; Miss A. Merrick, treasurer. Advisory and visiting committees were appointed and the second Tuesday in each month was selected upon which to hold the regular meetings. On May 5, the Denver-Gross Medical College Alumni invited the Colorado Training-School Alumni to a joint meeting in the Academy of Medicine Building. A paper on Ethics in Private Practice, by Miss H. S. Thompson, was read by Miss M. Campbell and discussed by the doctors. Dr. Neuman read a paper on "Tonsillitis," and Dr. Stover related his experiences in San Francisco during the recent earthquake. The meeting closed with refreshments, music and dancing. On May 8 the regular meeting was held at the residence of Mrs. Arndt.

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BUFFALO, N. Y.—The Nurses' Alumni of the Buffalo Homoeopathic Hospital, held an Open Day Meeting, April 24, to which all graduate nurses of the city were invited. An informal reception preceded the program which consisted of a recital and violin and vocal solos. Following this, refreshments were served from a table decorated with red ribbons and red carnations, Miss Eva Snyder presiding at the coffee urn. The meeting was well attended by the nurses from the different training-schools of the city, and the homoeopathic physicians were also guests.

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SCRANTON, PA.—The regular monthly meeting of State Hospital Alumni Associations was held on April 19, 1906, at the hospital. It was decided to give second annual banquet to the graduating class of 1906, which will be held on May 15, at Hotel Jermyn. After transaction of business a social hour was spent.

**RICHMOND, VA.**—A meeting of the graduate nurses of Richmond was held at the Shalston Arms Hospital, in that city, on the 30th of April, and was attended by representatives of the different alumnae associations of the city, and by many other graduates from distant training-schools who have made their home in Richmond. The object of the association is to bring together the graduate white female nurses of the city, for social pleasure and for the promotion of a spirit of unity and the advancement of professional interests; and for the elevation of the standard of nursing. The officers of the association are: President, Miss Blake, superintendent of the Virginia Hospital; vice-president, Miss Robertson, superintendent of St. Luke's Hospital; secretary and treasurer, Miss Elizabeth R. P. Cocks.

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**BROOKLYN, N. Y.**—The Alumnae Association of St. Mary's Hospital Training-School for Nurses held its annual meeting at the hospital on Monday, April 2, 1906. There was an unusually large attendance. The following officers were elected for the coming year: President, Miss Martha O'Neill; vice-president, Miss Copeland; secretary, Miss L. Ward; treasurer, Miss Margaret McCarthy. Miss Baker McDonald was elected delegate, and Miss Margaret McCarthy alternate to the Associated Alumnae Convention at Detroit, Michigan. It was voted to amend the by-laws for the purpose of suspending monthly meetings, during the summer months. Four new members were proposed.

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**AKRON, OHIO.**—The first annual meeting of the City Hospital of Akron Nurses' Alumnae Association was held on April 3d. The officers who had acted the previous year being re-elected. Three new members had joined during the year.

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**DENVER.**—The Trained Nurses' Association held its regular meeting on May 7, at the Y. W. C. A. Building. The Association decided upon many of the details connected with running the directory for nurses and chose Miss D. M. Lebo, a graduate of the Cincinnati City Hospital, who has been identified with the Association since its organization, as manager. Dr. Leonard Freeman gave an interesting talk on surgical emergencies.

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**CHICAGO, ILL.**—At the annual meeting of the Alumnae Association of the Illinois Training-School for Nurses, Chicago, Miss Isabel McIsaac was made a life member of the association. The officers elected for the coming year are: President, Miss Minnie H. Ahrens; vice-presidents, Miss Mary Vincent, Miss Janet A. Topping; secretary, Mrs. Cammie D. Wescott, 5735 Washington Avenue; treasurer, Miss Kate Watson.

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**COLLINGWOOD, CANADA.**—The Collingwood Alumnae Association held its first annual meeting on May 5, which was well attended. A central directory has been established.

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**NEW YORK.**—The Alumnae Association of the Roosevelt Hospital Training-School for Nurses held a meeting on May 4. Resolutions of sympathy for the San Francisco nurses were passed and it was decided to start a subscription fund to be forwarded to them on April 15.

**ANNUAL REPORT OF THE VISITING NURSE IN THE HUDSON DISTRICT**

For several years a trained nurse has been stationed in the branch office of the Charity Organization Society, at 1947 Broadway (Sixty-fifth Street), in the Hudson District, which extends from Forty-sixth Street to Seventy-second Street, and from Fifth Avenue to the river. The cost has been met by members of the district committee and other persons interested in the work.

There is great need in this territory for the services of a nurse. Sickness often occurs in families unable to pay a physician. Sometimes it is of importance to send a patient to a hospital or clinic, especially if it be the man of the family—the breadwinner. More often, if the mother is ill, it is highly desirable to give her the required care at home, particularly in the case of a widow with small children. The children and infants not only demand nursing and care in periods of acute sickness, but oversight at all times in matters of feeding and hygiene. It is pleasant to record that of all the infants under care during the past year every one has thriven.

The majority of cases come to the nurse through the Charity Organization Society, but many are referred to her by individuals and churches in the neighborhood. In her work the nurse coöperates with the Department of Health in checking the spread of contagious and communicable diseases; aids the Board of Education in looking after children reported by school inspectors as diseased or physically defective; and carries out the wishes of the Committee on Tuberculosis in the care of those who have consumption, by instruction in diet and mode of life, and particularly in measures designed to prevent spread of the disease.

Following is a schedule of patients under care from month to month and visits made:

**PATIENTS****Under active care:**

Men .....	14
Women .....	51
Children .....	66
Infants .....	20

**Under observation:**

Men .....	4
Women .....	42
Children .....	51
Infants .....	14

**VISITS****Families under care:**

January .....	41
February .....	43
March .....	49
April .....	47
May .....	47
June .....	38
July .....	33
August .....	31
September .....	41
October .....	44
November .....	32
December .....	40

**Visits made:**

.....	173
.....	192
.....	236
.....	186
.....	173
.....	196
.....	174
.....	69
.....	145
.....	192
.....	215
.....	209

In certain instances the patients are ill of acute disease, and then repeated visits are necessary, their frequency depending, however, on the sort of home as-

distance that can be given. On the other hand, chronic conditions may require either constant oversight and treatment, or simply advice and general supervision. An abstract from the nurse's record will indicate how varied are these conditions:

Abrasion .....	1	Infected arm .....	1
Adenoids .....	4	Infected hand .....	1
Anemia .....	9	Influenza .....	14
Appendicitis .....	1	Injuries (accidents) .....	13
Arthritis deformans .....	1	Insanity .....	4
Asthma .....	2	Jaundice .....	1
Bronchitis .....	16	Lead poisoning .....	1
Broncho-pneumonia .....	5	Lobar-pneumonia .....	8
Burns .....	2	Malnutrition .....	19
Cancer of breast .....	2	Marasmus .....	2
"    " face .....	1	Mastitis .....	1
"    " liver .....	1	Menses .....	9
"    " rectum .....	1	Nephritis .....	2
Chicken-pox .....	1	Neurasthenia .....	1
Confinements .....	8	Neuritis .....	2
Conjunctivitis .....	9	Pleurisy .....	1
Dental cases .....	11	Pott's disease .....	
Diphtheria .....	2	Pulmonary tuberculosis .....	31
Dislocations .....	1	Rheumatism .....	6
Eczema .....	4	Ringworm .....	3
Epilepsy .....	3	Scarlet fever .....	1
Flat-foot .....	1	Senility .....	3
Fractures .....	3	Sprains .....	1
Gastritis .....	1	Stomatitis .....	1
Gynecological .....	11	Syphilis .....	1
Heart disease .....	3	Tonsillitis .....	14
Hernia .....	1	Typhoid fever .....	3
Hip-joint disease .....	4	Varicose veins .....	2
Idiocy .....	1	Whooping-cough .....	1
Impetigo .....	5	Wounds .....	3

All medical and surgical care is given with the knowledge and under direction of physicians, many of whom render their services gratuitously. Among those consulted were Doctors Baird, Baner, Billings, Bruen, Buchanan, Carr, Chapman, Clock, Conlin, Cooper, Cramin, Dounce, Fennell, Hamlin, Hann, Henry, Kennedy, Kilmer, Jacobson, Lapowski, Lyon, McKemie, Miller, O'Donohue, Spicer, Swift, Taylor, Turvell, Tracy, Watson, West, Williams.

Oftimes patients stand in need of hospital treatment or they can be treated in clinics as ambulant cases. Those entered at hospitals are visited from time to time, and afterwards are watched over at home during convalescence. One or more patients have been placed at the following institutions:

HOSPITALS

Babies .....	New York Lying-in
Bellvue .....	Randall's Island
City .....	Roosevelt



## HOSPITALS

Columbia	Raptured and Crippled
General Memorial	Seton
House of Rest	Shane Maternity
Laura Franklin	St. Joseph's
Metropolitan	St. Mary's (Children)
New York Foundling	St. Vincent's

## CLINICS

Bellevue	Roosevelt
Board of Health	Raptured and Crippled
Manhattan	Vanderbilt
New York Dental	Wilkes
Private Clinics (3)	

Either following sickness, or as a result of life in unhealthy surroundings and on bad food, it has been found necessary to send some people away for rest and up-building to the following Homes or places:

All Angels' Farm (on the Hudson).	Ray Brook (Adirondacks).
Egerton Nursery.	St. Agnes's Home, Sparkhill, N. Y.
Freshhold, N. J.	St. Elizabeth's Home, Tuckahoe, N. Y.
Homer, N. Y.	St. John's Home, Haverstraw, N. Y.
Home for Convalescents.	San Bruno, Coney Island, N. Y.
" " the Friendless.	Spring Valley, N. Y.
Isabella Halmath Home.	The Lodge, Farmington, Conn.
Pelham Manor, N. Y.	Watts de Fuyter Home, Tivoli, N. Y.

By virtue of her intimate knowledge and frequent visitation to the families under her charge, the nurse becomes almoner of funds contributed from various sources. During the past year she has disbursed:

Rent .....	\$1,127.00
Allowances .....	641.00
Food and clothing (value) .....	288.00
Milk and eggs (consumptives and infants) .....	362.00
Medicines .....	90.00
Coal .....	28.80
Carefare (for indigent persons) .....	7.25

The sum of \$1,000 is annually needed to pay the salary of the nurse and her incidental expenses; and her services are well-nigh indispensable, for the work can be accomplished in no other way.

The committee earnestly appeals for contributions to the fund for the visiting nurse, and remittances will be most gratefully received and promptly acknowledged.

1947 Broadway, New York.

February, 1906.

Checks may be drawn to Frederick Nathan, Secretary, or Addison W. Baird M. D., Treasurer.

[The nurse who makes this report is Miss Anne Stewart Dunell.—Ed.]

PERSONAL

In March Miss S. H. Cabanis, Johns Hopkins Alumna, nurse in charge of the Visiting Nurses' Association of Richmond, Va.; and Miss Nannie J. Minor, Old Dominion Hospital Alumna Association, and district nurse, Richmond, Va., returned from eight months absence in Europe.

Miss R. E. VAN VOOR, Superintendent of the Memorial Hospital, Richmond, Va., has resigned from the Old Dominion Hospital Alumna Association.

Miss CARRIE LOWEN has been appointed superintendent of the Wise Memorial Hospital, Omaha, Nebraska.

The Quincy Alumnae paid tribute to Miss Florence Nightingale on her eighty-sixth birthday—May 12—by wearing a pretty white badge decorated with a red cross and "Nightingale" in gold letters. The evening was spent at the Blessing Hospital.

Miss THERRA EARLES McCARTHY, who has done such exceedingly valuable work as the Secretary of the California State Nurses' Association, has been obliged to resign from that position because of the stress of other work. Mrs. E. W. Downing, late superintendent of the Wallock Hospital, who lives at Suisun, Solano County, Cal., has succeeded her. The Councilors held a meeting at the Children's Hospital on May 3. Miss McCarthy reported that she would be unable to represent the State Association at the Detroit convention, and Miss Genevieve Cooke was appointed to go in her place. It is expected that Miss Sweeney will be sent as the delegate from the Children's Hospital Alumnae.

Miss M. LOUISE MARTIN has resigned as superintendent of the Wilson Hospital, Martin's Ferry, Ohio, and will spend the summer at her home in Virginia.

Miss ESTER GIBSON, graduate of The Lady Stanley Institute, Ottawa, class 1905, has been appointed night-supervisor in the Hospital for Sick Children, Toronto, Ontario.

Miss IRMA LEWIS after nine years' service has resigned as superintendent of the Emergency Hospital at Washington, D. C. Miss Lenig will be succeeded by Dr. Charles S. White, the resident physician, who will take over the management of the hospital. Miss Lenig resigns to be married.

MARRIAGES

Miss ESTER CUNNINGHAM, Roosevelt Hospital, 1906, was married to Dr. Charles Leibrecht. Dr. and Mrs. Leibrecht will live in New York City.

On April 25, Miss J. J. Cunningham, (Rochester City Hospital) to Mr. John H. Wallace. Mr. and Mrs. Wallace will make their home at Port Elgin, Canada.

On March 10, in Taunton, Mass., Miss Matre F. Wyman to Mr. William White, of Beloit Station, Canada.

At Boston, Mass., April 16, 1906, Laura Davy Howard (Protestant Episcopal Hospital, Philadelphia) to Arthur Sibley. Mr. and Mrs. Sibley will make their home in Ashmont, Mass.

At Brooklyn, New York, April 30, Mrs. Margaret Louise Fitchette (Memorial Hospital, Brooklyn, class of 1900) to Mr. Henry Tartsell.

April 30, 1906, at Bishop's Palace, City of Panama, Emma L. Kennedy, graduate, 1897, from training-school for nurses connected with St. Mary's Hospital, Brooklyn, N. Y., to Dr. Emmet T. Vaughn, physician at Corozal Dispensary, Canal Zone. Dr. and Mrs. Vaughn expect soon to take a leave and come north on a visit to the United States. For the present they will reside at Corozal, where Dr. Vaughn is on duty.

APRIL 18, 1906, Reufrey, Ontario, Miss Elisabeth C. Ritchie, graduate of the Lady Stanley Institute, class 1901, to Dr. C. T. Ballantyne, of Ottawa, Ont.

In Brooklyn, N. Y., March 23, Miss Beatrice Stuart Monteith (Brooklyn Hospital), to Dr. William Fraser Mackay.

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THE nurses of West Chester County, New York, have organized a county association with Mrs. Charity Gorch as president, Mrs. Mary Frances Lee as secretary, and Miss Dora Traylen as treasurer. The next meeting will be held June 12, at the Nurses' Home, St. John's Riverside Hospital, when all registered nurses in the County are invited to attend, and become members.

## HOSPITAL AND TRAINING-SCHOOL ITEMS



### TRAINING-SCHOOL NOTES

Two graduating exercises of the Training-School of St. Luke's Hospital, New Bedford, Mass., were held on May 16, when the following young ladies were given diplomas: Edna E. Stimpson, Edith E. Taylor, Gertrude Irwin, Edith L. Mentes, Nettie V. Olson, Anna G. Perry, Mary C. Stephenson, F. Maude Kingsley, Emily B. Marshall.

The Ladies' Aid Society of the Morton Hospital, Taunton, Mass., have raised a sum of money sufficient to furnish a small library for the nurses. The members of the medical staff have contributed money for reference box.

The graduating exercises of the class of 1906 of the University of Maryland Hospital Training-School for Nurses were held in the assembly hall of the hospital, on Friday, May 17, 4 P.M.

The diplomas were conferred by Prof. R. Dorsey Crale, Dean of the University. His excellency Edwin Warfield, Governor of Maryland, delivered the address to the graduates. Right Rev. William Paret, Bishop of Maryland, pronounced the benediction.

The graduates, thirteen in number, were Mrs. Ethel Palmer Clark, Mrs. Ann G. Pruitt, Misses Sarah A. W. Sanderson, Clara C. Inery, Sara W. Cunningham, Katharine K. Landwehr, Nellie H. Carter, Annie C. Chapman, Mary C. Ellicott, Aeri W. Phillips, Lenore G. Doyle, Miriam L. Jessop, and Margaret C. Lawrence.

In the evening a reception, followed by a dance, was held.

On June 1 the Orange Training-School, New Jersey, will cease to exist as a separate school, and the control will be assumed by the Orange Memorial Hospital. The governors of the training-school will become members of the hospital board. Miss McKeehan will be the superintendent of both the hospital and training-school, and Miss Squire her assistant. The Orange school is now registered with the Regents of New York State.

ST. MARY'S HOSPITAL, Green Bay, Wisconsin, graduates its first class of three nurses on June 10. Maud Robillard, Angela E. Bondreau and Anna Marie Stromer are the members of this first graduating class. St. Mary's Hospital is under the supervision of the Sisters of Misericorde and is attached to a maternity hospital and an infants' home.

GRADUATING EXERCISES of St. Joseph's Hospital Training-School, of Baltimore, Maryland, were held May 17. The names of the graduates are: Misses Bemis Oliver Pearce, Lucy Cameron Marshall, Beulah Garland Robey, Mary Philomena Naughton Bertha Antoinette Wicelai Sasse.

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 14, 1908.

CHAMBERLIN, ANNA B., formerly chief nurse at the Division Hospital, Manila, P. I., was returned to the United States, on account of illness, on transport Sheridan; arrived at San Francisco April 26, and sent to Benicia Barracks for treatment.

CRAIG, MARY E., transferred from the Division Hospital, Manila, P. I., to the United States, on Sheridan; arrived at San Francisco April 26, and sent to Benicia Barracks for temporary duty.

McHUGH, CECILIA, transferred from Camp Keithley, Mindanao, to Division Hospital, Manila, P. I.

PICKEL, HELEN M., transferred from the Division Hospital, Manila, P. I., to the United States, on Sheridan; arrived at San Francisco April 26, and sent to Benicia Barracks for temporary duty.

RICHMOND, EDITH L., transferred from Zamboanga to temporary detached duty at Jolo, Jolo, P. I.

SHAW, EDITH M., transferred from Zamboanga to temporary detached duty at Jolo, Jolo, P. I.

YOUNG, AGNES G., recently reported at the Division Hospital, Manila, P. I., transferred to Fort William McKinley, and appointed chief nurse at that post.





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